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ABSTRACT

Contained in this curriculum guide are information and guidelines deemed essential to administrators and faculty for planning, implementing, and evaluating a community college Nursing Education Options Program. The document is divided into five sections covering: program development; students and student support services; facilities, equipment, and instructional aids; and the curriculum, which is both outlined and presented in detail. For each course, the following information is given: (1) sequential placement of the course in the curriculum; (2) course description; (3) course and lab hours per week; (4) quarter hours credit; (5) prerequisites; (6) suggested textbooks; (7) central and contributory learning objectives; (8) evaluation criteria; (9) detailed course outline; and (10) an extensive bibliography. The instructional phase of the program is combined with student clinical experiences. The curriculum spans eight academic quarters and provides two exit points--after one year for students wishing to work as licensed practical nurses, and after two years for students wishing to work as registered nurses and who wish to receive the Associate Degree. Appended are materials related to the nursing program: sources of audiovisual materials, suggested admissions and academic policies, student records, criteria for student evaluation, an equipment list, and a general bibliography. (Author/JDS)

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NURSING EDUCATION OPTIONS

PRACTICAL
NURSING

ASSOCIATE
NURSING
DEGREE

Developed by

State Advisory Committee
for
Nursing Education Options Curriculum

under the direction of

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HEALTH PROGRAMS
PROGRAM DEVELOPMENT DIVISION
DEPARTMENT OF COMMUNITY COLLEGES
RALEIGH, NORTH CAROLINA

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FOREWORD

This manual contains information and course outlines deemed essential to administrative officials, advisory committees, and nursing faculty in the Community College System interested in developing and implementing a nursing education options program. It is intended to serve as a comprehensive guide, a reference source, and a framework by which the faculty may develop and implement a two-year program. The design is for an associate degree nursing program, with options for licensure as a practical nurse after the successful completion of the first four quarters.

The guidelines can be used to establish new programs and to strengthen those in operation. It is hoped that all practical nursing programs and associate degree nursing programs will benefit from this publication. It is intended to serve as a guide for establishing nursing programs with particular attention to career option.

Modification of the materials submitted in this manual is encouraged to meet local needs, provided the alterations are made so that the legal requirements of the accreditation bodies are maintained. We encourage the institutions to maintain the upward mobility concept for practical nursing and to develop procedures for transferability of practical nursing courses to the associate degree nursing program.

Information for educational institutions applying for a nursing education options program from the Department of Community Colleges and from the North Carolina Board of Nursing is included, as well as program development guides which are essential for professional approval.

The Department of Community Colleges will provide assistance to the institutions wishing to implement this program.

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PREFACE

The Nursing Education Options Curriculum as set forth in this manual is a program which subscribes to the Guidelines and Criteria for Nursing Education Programs in North Carolina.[1]

The central objective of this curriculum is to prepare practitioners who will be competent to assume the functions at their level of practice and to provide in their educational program a career choice commensurate with their individual needs, abilities and mobility that will enable them to spend their energies on continued education for personal growth and development, as well as on professional proficiency.

The manual contains the information and guidelines deemed essential to the administration and faculty as they plan, implement, and evaluate the Nursing Education Options Program (NEO). The design of the manual follows the sequential pattern[2] suggested for developing the program, beginning with planning guidelines for the educational institution and accreditation considerations which should be considered in preliminary planning. The curriculum suggested as a means to accomplish the objectives of NEO is included with course outlines, sources, and resources needed to provide a sound legal and workable educational unit in nursing. It is recognized that rearrangement of courses may be necessary to function in the curriculum plan of the various institutions, and to provide for individual needs. The courses were developed as separate entities which will facilitate the mobility within the curriculum and the educational system. Transfer credit is made easier to identify, and therefore placement and transferability of courses can be more readily accomplished. It is strongly encouraged that these be maintained as such, but it is recognized that the various programs will have needs which necessitate integration of content. When integration of content is necessary, it should be done so as to maintain the content presented in these courses. There is built-in reinforcement of content without repetition on parallel and escalating planes as this program progresses. It is because of this that minimal restructure is recommended. When rearrangement is necessary, it should be done so that the concurrent experience and relationships are maintained.

It is expected that the material presented in this manual will serve as a guide to the nursing faculty. It has been developed so that it has flexibility. Beginning programs with new faculties may desire to use the curriculum per se; whereas others may build in their individuality, yet maintain the strengths of this design. The curriculum design conceptualizes man as a bio-psycho-social-energy unit consisting of a set of open subsystems and existing as an open system. Man is studied as a web of interrelated variables rather than isolated happenings. This premise supports the approach to nursing education in this program.

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[1] Published by N. C. Board of Higher Education. May, 1972. Second printing by N. C. Department of Community Colleges. February, 1973.

[2] Suggested "Planning Guides". Community College System and Standards for Educational Units in Nursing based on General Statutes of N. C. Chapter 90. Article 9. North Carolina Board of Nursing.

Although it is recognized that each institution, each community, and each situation is unique, the guidelines presented in this manual should strengthen nursing education. This guide is but one possible approach to the development of a career mobility program in nursing education; it attempts to identify common objectives, goals, and principles which provide a common framework of ethics, knowledge, and skills which can be adapted to meet the individual needs of local situations. The individuals who make use of this manual may wish to have consultation from the Department of Community Colleges and the North Carolina Board of Nursing.

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I. STATEMENT OF NEED

The Department of Community Colleges encourages the development of a career mobility curriculum that will offer both practical and associate degree nursing education opportunities. Articulation of the Practical Nursing Education Program with the associate degree level of nursing merits serious consideration in the Community College System by planning sequential education for those desirous and capable of continuing to the associate degree in nursing.

A distinct philosophy, based on educational goals, objectives, individual and societal needs, and beliefs concerning curriculum design and learning is currently supported by educators in both the Practical Nurse and Associate Degree Programs. The National League for Nursing study recommends that curricula be developed for upward mobility for nurses.[1] One State law now exists for two separate nursing educational programs in North Carolina -- licensed practical nursing and registered nursing. A joint program which will meet the legal requirements of the North Carolina Board of Nursing is desired. Provision should be made for the movement from one level to a higher level without needless repetition of time and energy for the voluminous numbers of licensed practical nurses aspiring to become registered nurses. The administration and faculty in the Community College System at State and local levels strongly supports teaching both the practical nurse education and associate degree nurse education. It appears feasible in some instances to restructure these programs into a new model with planned sequential education from practical nurse to the associated degree nurse level in order to prevent curriculum duplication.

The number of nurses needed to provide and maintain the nursing services in our society continues to increase. A nursing program which offers career choice, which is either occupationally oriented or transferable, could be a major help in meeting this need. It would offer the student career options and realistic adaptations to the existing life situations in which he finds himself. Career goals do change, and often a student is unable to attain his ultimate goal without interruption. Therefore, the Nursing Education Options Curriculum was designed as an Associate Degree Program in Nursing, to be flexible and progressive, and to meet the changing needs of society. It is based on sound education concepts and a humanistic approach, providing the option for licensure as a practical nurse after the successful completion of the first four quarters.

The planning of this curriculum recognized that the changing needs in the delivery of health care affects nursing education in this age of rapid scientific, medical and technological advancement, and that the changing goals of nursing students affect nursing education within the education systems. It was developed not only to meet current nurse manpower needs, but also to prepare nurse practitioners who will be effective in their roles as the health care system changes. The pressures to expand and improve the educational system for nurses created by the tremendous need for nurses and by the growing need for a nursing curriculum which is not a dead end--a curriculum which offers career options--necessitated the formation of an advisory committee by the Department of Community Colleges to develop a curriculum to meet these needs.

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[1] National League for Nursing. "Open Curriculum in Nursing." New York: National League for Nursing, February, 1970.

It was toward this end that the advisory committee sought to update nursing education. The committee's goal was to prepare practitioners who will be competent to assume the functions expected of them and to provide in their educational program for options and mobility which enable the student to spend his energies on continued education for growth and development. The committee was challenged to keep astride of educational trends and to perceive the demands placed upon it in preparing the Nursing Education Options Curriculum. Although "NEO", as it was quickly labeled, was recognized to be not a new concept, it is a new curriculum approach in nursing education and was developed as such.

Perhaps as important as the nursing component is the emphasis on choice or options by the student. Many studies indicate that career choice is not a one-time decision in life, but vocational development is a process over a period of time. The term "vocational development" is used to denote the process of growth and learning which underlies the sequence of occupational choice, but avoids the pitfall of suggesting that choosing an occupation is a one-time event occuring at a point in time. It includes the concept of vocational adjustment. By comprehending both of these concepts, it avoids the misleading implication that they are separate and distinct. The developmental nature of vocational orientation, choice entry, adjustment, and retirement implies a need for broad terms which put the emphasis on process over a period of time. It is generally acknowledged in literature that the choice of an occupation is a long-term developmental process reflecting self-concept, need structure, and personality characteristics of the particular individual. If individuals should have opportunities to develop their full potentialities and health manpower needs are to be met, then an educational system must be available for them to do so.

Robert J. Hanighurst says that "the human individual learns his way through life." The following statement by Hanighurst is a basic premise and it is used as one component for the design of this curriculum: "The tasks the individuals must learn--the developmental tasks of life--are those things that constitute healthy and satisfactory growth in our society. They are the things a person must learn if he is to be judged and judge himself to be a reasonable and successful person. A developmental task is a task which arises at or about a certain period of life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by society, and difficulty with later tasks."

Nursing educators have traditionally espoused the principle of open curriculum, and the open curriculum has been approved by the National League for Nursing Board of Directors. Several approaches have been suggested by the NLN, and a research study is in process. The articulation of the two levels (ADN and BSN) and a health curriculum core has been supported by the National Commission for the Study of Nursing and Nursing Education. The Council of Associate Degree Programs supports and fosters the implementation of the NLN statement on "open curriculum" in nursing education and feels that this could be carried out in such a manner that the strength of the program is preserved. The National Institute of Health has funded career mobility education for a ladder concept from practical nurse education to associate degree nurse education to baccalaureate nurse education.

The design is for an associate degree nursing program with option for licensure as a practical nurse after the successful completion of the first four quarters. The curriculum has been developed as a means by which a student may spend his energies on continued education.

II. PROGRAM DEVELOPMENT

The educational institution assumes responsibility for offering an educational program which is eligible for accreditation by educational and nursing authorities, and for providing the same quality of instruction in nursing as in all other curricular offering. It has the responsibility for obtaining the facts, analyzing them, and evaluating all of the possible alternatives. Communities sometimes encourage colleges to initiate an associate degree nursing program as an answer to the shortage of nurses. Community support is needed in program planning. The development of the program must be shared with a full and realistic understanding of all concerns necessary for a quality program.

The Associate Degree Nursing Program, as a relatively new addition to nursing education, requires a great deal of interpretation within the community. The community needs nurses to give direct care to patients. The community must be ready to assume its responsibility for the further development of the graduates of the program.

PREMISE OF THE ADVISORY COMMITTEE

The committee, being composed of nurse educators dedicated to the furthering of the nursing profession, believes that educational options are necessary to aid students in meeting their educational goals. Educational options will provide flexibility through multiple entrance and exit points for articulation within the educational system. Therefore, goals of this committee were aimed toward the attainment of guidelines to facilitate the development of nursing education programs incorporating the career options philosophy. The committee also concerned itself with the development of guidelines to assist nursing programs in the Community College System and to plan for extension and progression through program levels. The focus includes provision for practical nursing education through associate degree nursing with open ends to allow for expansion and articulation with quality for continuing to the senior college level with advanced placement.

While the program is designed for associate degree graduates, the options for licensure as a practical nurse is possible after the successful completion of four quarters. The associate degree requires successful completion of the two-year program and qualifies the graduate for examination for RN licensure and for entry into a senior college program for continuing articulation.

Guidelines subscribe to the premise that the qualified student is not locked in at any point of termination, but has the right of transfer and re-entrance based on achievement satisfactorily completed. Entry and exit options may be achieved by some of the following methods:

1. Re-admit students who have had to interrupt their programs,

eliminating repetition or needless waiting at a specific point for re-entry.

2. Where possible, waive sequential prerequisite for nursing courses.

3. Give credit for previous education and experience background.

4. Where sufficient need exists, schedule all nursing courses each quarter to allow admission at any given quarter, permitting progression to completion outside traditional academic years.

PHILOSOPHY, PURPOSES AND OBJECTIVES

Any education program should be based on a philosophy, purposes and objectives in order to provide direction for implementing and evaluating the program. The controlling institution, community college or technical institute, has the ultimate responsibility for the program and should work cooperatively with the various clinical agencies in providing learning experiences. Although the philosophy, purposes, and objectives of the Nursing Education Options Program are related to the needs and resources of the community, there are certain criteria to be met.

The philosophy of the NEO Program should be based upon the philosophy and purposes of the educational system and the health care system. The following are guidelines for preparation of the philosophy. It should:

1. Be consistent with the philosophy and purposes of the controlling institution and the educational system that has jurisdiction.

2. Be in keeping with the general philosophy and purposes of the state and national professional organizations having responsibility for nursing education as their prime reason for being, and who speak publicly for both nursing education and nursing service.

3. Include statements of beliefs regarding education - vocational, technical education specifically, and nursing - in each particular situation (community and school) as it relates to the preceding items.

4. Include a statement regarding beliefs or theory accepted by the faculty regarding learning methods of teaching which include free inquiry, and the enhancement of self.

5. Include a statement regarding beliefs or theory on philosophy of the nature of man, socialization, and enhancement of man in a free inquiry, and concern for the individual.

6. Include a statement regarding career mobility through educational options that provide for a variety of methods of entry to and exit from the system without penalty to the student. The premise is that

no education is terminal except by choice of the individual. Education opportunities should be designed to meet the needs of modern man and groups in a changing society.

The purpose, which follows and derives from the philosophy, can be a broad general statement of the role of the program. This purpose interprets the mission of the program in the educational world and illustrates ways in which it is being fulfilled through offerings and obligations to the institutions and to the community it serves. This general purpose should include the following:

1. A statement that is in keeping with the statutes of the controlling, accrediting and regulatory bodies.

2. A definition indicating the kind of educational program to fill the nursing and health care needs of the community and society.

3. A statement to provide for the fullest possible development of the potential of each student to attain self-fulfillment as well as provide effective service to society.

4. A statement of the program design which considers the interests and aptitudes of all prospective students to produce highly skilled vocational and semi-professional nursing personnel in order to meet the needs of the expanding health care system, and to strengthen the educational base of our society through an interrelated system for educational achievement and advancement in nursing.

5. A statement of the educational and personal needs of the student in preparation for licensure in nursing at the level of his/her choice.

The purpose should also specifically state what the educational institution would like to accomplish in view of its philosophy. Specific purposes usually include the following:

1. An educational program in keeping with the purposes of the controlling institution, but insuring a level of quality which will prepare the graduate to practice effectively at the appropriate level.

2. An educational program valid to the needs and resources of the community.

3. Flexibility within the program to meet the needs of individual students.

4. Opportunity for the development of a strong sense of freedom and responsibility.

5. Preparation of practitioners of nursing who possess the desire to continue learning.

The objectives should interpret the purposes and suggest their implementation. It should be possible to evaluate the program on the basis of the stated objectives.

The philosophy, purposes, and objectives should be officially adopted by the appropriate governing body of the institution, and the officially adopted statements should be kept on file in the office of the administration and the individual program section for nursing education options. Evidence of adoption should be reflected in the minutes of the meetings of the governing body. The committment of the institution to the NEO Program should be explicitly stated in the brochure and/or catalog.

GUIDES

The purpose of guides is to assist those concerned with nursing education programs to achieve a synthesis of educational and clinical requirements. The following guides suggest the combined responsibilities of representatives of both the educational institutions and the clinical agencies:

1. Define the scope of the Associate Degree and Practical Nurse Educational Programs by determining:
    a. The functions performed by each.
    b. The related roles of other health care team members.
    c. The nature of the nursing programs.

2. Determine program requirements for professional approval. The General Statutes establishes minimal standards for educational units in nursing. The Board of Nursing is the legal agency appointed to uphold these standards by surveying and accrediting the educational programs for students in nursing. The board publishes a list of programs for information to hospitals, medical schools, physicians, prospective students, and for the protection of the public.

3. Review the educational instititition's philosophy, goals, and organization in relation to developing and implementing the program with focus on the function of the program requirements. The ability of the educational institution to meet requirements can be determined after close consultation with professional groups responsible for them.

4. Survey the need for technical and practical nurses. The educational institution administration is responsible for obtaining information of local or regional needs for manpower and for determining the probability that job opportunities will persist. The educational institution assumes administration of the program and the responsibility of the level of performance of the graduates.

5. Determine the feasibility of developing and offering an optional

program for the education of technical and practical nurses by the institution. It is necessary to determine whether clinical and physical facilities, institutional resources, competent director and faculty, students, and finances are available, or can be obtained in sufficient quantity, to begin a program of quality. Nursing and educational consultants can be used freely at this point to help make assessments.

6. Procure program resources and prepare for their orientation. Seminars or other educational sessions for administrators and faculty of the educational institution and affiliate faculty of the clinical facilities should be planned to prepare them for curriculum requirements and work loads. A program director gives leadership in resolving problems of facility and equipment needs, finding additional faculty, etc.

7. Develop a curriculum which will:
    a. Specify learning experiences in appropriate detail.
    b. Determine balances between course credits for general education and technical education.
    c. Identify potential conflicts between job entry demands and the institution's general education requirements.
    d. Define behavioral objectives for desired student outcomes in order to permit evaluation.
    e. Define the type and sequence of learning activities to support the objectives of the program, the nature of the content, and the media and methods to be utilized.
    f. Provide for coordination of clinical and laboratory experiences with general education and technical courses.
    g. Provide for appropriate scheduling of student assignments at the affiliating clinical facilities.
    h. Identify instructional methods and media that could be utilized to make teaching and learning more efficient and effective.
    i. Provide measures for periodic feedback and develop evaluation measures.
    j. Be planned in cooperation with the educational institution's administration faculty and the advisory committee. This curriculum guide is a State-approved curriculum guide and can be used as a suggested guide in curriculum development.

SUGGESTED PLANNING FOR THE EDUCATIONAL INSTITUTION

Implementation of the guides for program planning may be achieved in a variety of ways; however, the method chosen must of necessity be based upon cooperation and participation of administrative representatives of the educational institution and affiliated clinical facilities and the faculty for the program. Each participant has many responsibilities. Cooperation with representatives of community groups and other knowledgeable resource persons is necessary. Nursing representatives may be identified by contacting the Health Program Section, Program

Development, Department of Community Colleges, and N. C. Board of Nursing.

The following guides delineate some of the specific areas the representatives of the educational institution will need to study and pursue in planning and implementing the Nursing Education Options Program. These guides may be changed to determine order of importance.

1. Obtain the requirements established by the N. C. Board of Nursing and the Department of Community Colleges for educational units in nursing.

2. Identify the number, quality, and quantity of nursing education programs in the geographical area.

3. Make an estimate of cost; consider federal and other funding.

4. Determine current state and national developments of nursing education career mobility.

5. Identify resources for locating faculty members.

6. Compare the specific aspects of the program with other programs in the educational institution.

7. Visit in-state and out-of-state programs to determine progress and quantities of these programs.

8. Plan a comprehensive survey to determine:
    a. Geographical area to be served.
    b. Employment demand and proper utilization of graduates.
    c. Student interest.

    Do not duplicate other local or regional studies.

9. Appoint a local advisory committee or utilize the existing one for health education programs.

10. Employ a competent program director.

11. Make application for program with local, state and federal agencies.

12. Prepare a statement of the philosophy, purposes, and objectives for the program.

13. Prepare related course outlines, instructional and evaluational materials.

14. Identify methods of coordination of the technical part of the curriculum with general academic components.

15. Evaluate physical and clinical facilities to determine additional facilities needed and cost to students, faculty members, and administration.

16. Prepare equipment and supply lists.

17. Determine the number, type, and qualifications of each faculty member needed for the technical and academic courses.

18. Prepare a position description for each faculty member.

19. Prepare a budget and estimation of financial support for establishing and maintaining the program and utilization of affiliate health institutions.

20. Assist in developing an orientation program for faculty, administration, and representatives from clinical facilities which will be utilized for directed practice.

21. Plan a continuing education program for the faculty.

22. Initiate a written contract with affiliating health agencies which delineate areas of shared and separate responsibilities.

23. Prepare a program evaluation to include initiation date and follow-up date.

24. Plan for use of health facilities for clinical experiences, with considerations being given to willingness of health facility administration to adopt an educational orientation, and to provide an adequate number of learning experiences to accomodate educational needs.

25. Assist high schools with career guidance by supplying brochures, pamphlets, and information about counseling services available for students.

26. Initiate planning for articulation of the program at all educational levels.

27. Identify the accreditation requirements which affect decisions about qualifications of students admitted to the program, curriculum development, faculty needs, and general feasibility of beginning the program.

28. Initiate the program in cooperation with the faculty and the administration from the educational and clinical institutions selected to affiliate with the program.

SUGGESTED PLANNING FOR CLINICAL FACILITIES

The following guides delineate some of the responsibilities of the administration of the clinical facility in collaboration with the educational institution in planning, implementing, and evaluating the Nursing Education Options Program: (For more information on clinical facilities, see Section IV on facilities.)

1. Recruit through building awareness of needs and potential employment opportunities.

2. Assess the feasibility of use of the health facility for the clinical training in conjunction with the educational institution, Board of Nursing, and the Department of Community Colleges.

3. Work with local and regional planning groups to make projections of facility planning and to gather information on current and projected staffing needs.

4. Appoint appropriate personnel to work with the faculty of the educational institution, educational consultants, and appropriate accrediting agencies.

5. Assist the educational institution in planning an orientation program for key personnel to the role of the educational institution, curriculum planning, implementation, and evaluation.

6. Recognize that acceptance of responsibility and commitment for education and training includes an obligation not to use the student to relieve service needs.

7. Develop, in conjunction with the educational institution and the advisory committee, job descriptions and specifications for associate degree and practical nurses.

8. Plan and carry out an orientation program for clinical facility personnel to prepare them for the acceptance of students who come to the facility for clinical experiences, and for the acceptance of graduates of the Nursing Education Options Program as co-workers.

9. Negotiate a written contract with the educational institution.

10. Work with the director and instructional staff of the educational institution in supervising students and making assignments to meet learning objectives. Assist with ongoing evaluation of student progress.

11. Provide resources in the clinical areas, library, office, classroom, dining area, and locker spaces during regular school hours.

12. Assist in finding appropriate housing or dormitory arrangements if students must affiliate in other localities.

APPLICATION TO STATE BOARD OF EDUCATION FOR NEW CURRICULUM

In order to facilitate the orderly processing of a request for a new curriculum, it is necessary that the following materials be sent to the Department of Community Colleges:

1. Completed "Institutional Proposal for New Curriculum", Administrative Memo 1-10. (The curriculum requested must be listed as a projection of a long-range educational plan.)

2. Letters of agreement from adjacent institutions offering a similar program.

3. Completed "Impact Statements" as described in Administrative Memo 5-2.

Application for a new curriculum is first reviewed by the Department and then presented to the State Board of Education for approval.

ACCREDITATION OF EDUCATIONAL UNITS

The North Carolina Board of Nursing is designated as the legal accrediting agency for educational units in nursing. The Board is required to evaluate each unit periodically in the light of requirements of the law and standards set by the Board. To fulfill this responsibility, the Board's representatives visit and survey educational units in nursing and associated agencies. The Board reviews the reports of the survey and other records relating to each unit and determines whether or not the unit complies with the requirements of the law and standards of the Board. The extent to which graduates are successful in meeting requirements for licensure are considered by the Board in evaluating the effectiveness of the program.

Legal requirement for accreditation is set forth in the Nursing Practice Act, State of North Carolina, July 1, 1965. Consultation and interpretation of the Nursing Practice Act and Standards for Educational Units in nursing may be obtained from the North Carolina Board of Nursing. The purposes of State accreditation are as follows:

1. To insure an adequate educational program for students.

2. To identify those educational units in nursing which meet requirements of the law and standards of the State Board of Nursing.

3. To promote the improvement of nursing care through preparation which will qualify graduates for safe nursing practices.

The laws of North Carolina impose a duty on the Board of Nursing to be responsible for nursing education in this state. The Board offers continuing consultation and guidance. If an institution desires to offer education for nursing, its first responsibility after local need and support have been assessed is to establish communications with the Board. The Board, acting as authority of the legislature, provides the assurance that the nursing program not only will be developed within the framework of the educational institution, but also will fulfill the minimum standards of a curriculum defined by law. When a school requests permission to begin a program, it accepts the responsibility to abide by these legal guidelines and the Board's guidance.

National accreditation is another type of educational approval available for a nursing program. It differs from State approval in that it is national in scope and is voluntary instead of required by law. The National League for Nursing is the national accrediting agency for nursing education. Its standards exceed the legal standards set by individual states. (For information and consultation on national accreditation, write the National League for Nursing, 10 Columbus Circle, New York, New York 10019.)

ADVISORY COMMITTEE

An advisory committee should be appointed early in the planning stages of the program. This committee would have no administrative function, but would make an important contribution in many phases of curriculum development. This committee should include a community representative, a principal of a public high school, a representative of the clinical agencies proposed to be used, a registered nurse, a licensed practical nurse, a curriculum specialist, a public relations person, and a medical doctor. The committee usually consists of not more than eighteen members, including the president of the educational institution and the chairman of the nursing program. A satisfactory ratio exists when a minimum of six members represent nursing, health, medicine, and community groups; and four members represent general and nursing education. Members may be asked to serve for a period of three years, but no more than two consecutive terms. This committee could provide valuable assistance to the program director in the program development and evaluation as well as support for the program by fostering community understanding, interest, and cooperation.

This committee could render valuable service in the areas of:

1. Providing consultation in planning and organizing the program.
2. Assisting in interpreting the program to the community.
3. Aiding in recruitment of students by publicizing the program.
4. Identifying availability of needed clinical facilities.
5. Providing intelligent and informal liason between the educational institution, health agencies, and other groups.
6. Determining faculty availability.
7. Identifying and solving problems and needs.

8. Influencing legislation for the school.
9. Lending encouragement and support.

The committee should meet once a quarter or as often as deemed necessary. Minutes of these meetings should be kept on file, with copies to each member as well as appropriate institutional representatives. The Department of Community Colleges should be kept informed of the progress of the program.

Formal organization of the advisory committee has advantages. The rules of procedure create an atmosphere of performance and purpose. Members are more willing to attend and participate in committee meetings with definite duties. A set of rules and responsibilities helps clarify the proper position of the advisory committee in the educational institution.

The rules of procedure include only the provisions necessary for efficient committee operation. The plan of organization and rules of procedure are written by the advisory committee as soon as possible after the first meeting. They provide for:

1. Name of the committee
2. Purpose
3. Organization - membership and term
4. Officers
5. Committees
6. Meetings
7. Quorum
8. Amendments

The officers include a chairman, vice-chairman, and secretary. They usually take office following the first meeting and serve for a period of three years. Duties and responsibilities of the chairman, vice-chairman and secretary are written and made available to the respective member. They usually find the guidelines a valuable assistance in conducting advisory committee meetings.

Provision should be made for a nominating committee. Members are appointed by the chairman and the advisory committee and most often represent the community at large, and the fields of education and nursing. The chairman of the nursing program serves as an ex-officio member. After the first three years, this committee should present to the advisory committee nominations for the one-, two-, and three-year terms until the rotation of membership is established. Approval and appointment is made by the president of the educational institution.

Special committees may be appointed by the chairman as they are needed. For example, a committee may assist in making community surveys, determining data needed, and collecting and interpreting the data. Thus, through the use of a special committee or subcommittee, the educational institution can establish a nursing program based on the identified needs of the community. When special committees complete their objectives, they should be dissolved.

The educational institution's representative and the chairman of the nursing program in collaboration with the chairman of the advisory committee usually make an agenda for every meeting. The nursing program is seeking the help of persons experienced in their fields, and the chairman and other members of the committee should be consulted for new, original ideas for improvements and additions for strengthening the weaknesses of the program.

The educational institution provides all clerical help needed in the work of the committee, including the preparation of minutes, reports, recommendations, agenda, and special notices.

The advisory committee should be informal and flexible, changing its methods according to circumstances and working in an atmosphere of friendly cooperation. The educational institution gives credit or recognition to members of an advisory committee for the valuable assistance rendered to the school.

ORGANIZATION AND ADMINISTRATION

It is understood that various programs in nursing education will differ in organization and administration. There should be no doubt as to the responsibilities of the personnel and administrative staff. The educational institution's administration provides for the resources and the facilities needed by the unit in nursing and enables it to realize the benefits and responsibilities commensurate with its place in the institution's organization.

It is of great importance and considered essential to the success of the program that the administration support the program both financially and administratively. The controlling authority, through its nurse faculty, establishes policies and regulations for administration of the program, for provision of facilities and resources, and for the development and guidance of the program of instruction.

The authority for direction of the program must be delegated to a registered nurse, preferably one who is prepared at the master's level or above. She should hold a full-time faculty appointment and be responsible for the overall development, implementation, and evaluation of the program. It is this person's responsibility to see that there is a well-organized curriculum founded upon sound educational principles which reflect the stated philosophy and purposes of the faculty, program, and institution. Evidence of sound organization structure and provision for good administrative practices shall be available. This may be indicated by organizational charts such as:

1. That of the larger unit of which the educational unit in nursing is a part. It would indicate the governing body, lines of responsibility, and the position of the unit within the overall structure.

2. That of the unit itself, indicating positions and lines of responsibility of personnel.

3. That of relationship of the college or technical institute to associated agencies used for instruction and learning experiences.

4. Others as deemed necessary to illustrate the program.

Expected functions and responsibilities of administrative and instructional staff members should be stated in appropriate manuals. Appointments, promotion, tenure, and general personnel policies are usually established and equally applicable to all personnel of the controlling institution. The nursing faculty should be involved in institutional policy development in areas such as: admission, curriculum, and student welfare. The institution should have an ongoing plan for maintaining and improving the program for the education of nurses.

In implementing the nursing program within the Community College System, the administration may anticipate some areas of concern relating to the articulation of the specific aspects of the nursing program with the total educational institution's program. These concerns will be met in the areas of scheduling, due to the fact that the nursing courses will include clinical instruction in a variety of health agencies serving as extended campuses. Interdepartmental communication and cooperation of the total student body is important so that they identify with the overall student population.

The administration should be aware that the necessity for clinical instruction and practice away from the campus creates relationships that are not common to the usual college program. Therefore, special consideration in class scheduling will be needed to accommodate both the on-campus and off-campus experiences. The hospital is a different world, and nursing education is attempting to harmonize these two worlds--the patient-centered hospital and the student-centered college or institute. A great deal of cooperation is essential for a working relationship.

Considerations that identify differences between nursing education and other educational disciplines include:

1. Need to organize the nursing program not only as a department in the educational institution, but also as an accredited program in nursing leading to State licensure. (There are records to keep and State regulations to meet.)

2. Recognition of a well-defined, immediate social responsibility to help attract and prepare students for a career which gives services crucial to the health of the public.

3. Need to cooperate intimately with community health agencies and maintain relationships which make possible student clinical practice.

The responsibilities of administration of the nursing education program compare with those of any other educational program in health and of any courses in which students have laboratory assignments off campus.

FINANCIAL OPERATIONS

Evidence must be shown of financial resources sufficient to give assurance of stability in maintaining acceptable standards. This includes provisions for adequate and qualified administrative and instructional personnel.

Programs in human services are costly. Although laboratory experiences are often off campus and may seem slight in comparison with some departments, faculty expense is considerable. Experienced and adequately educated faculty must be employed to meet these demands. The number of faculty available to each program are evaluated in light of the total need for instruction, the overall plan for faculty utilization, and the variables affecting each assignment situation.

Classrooms for the general education part of the program usually already exist on campus. It is expected that the general education part of the program will be no more expensive than any other program on campus. The use of hospital and other community facilities lessens the need for elaborate and expensive equipment and facilities although a campus practice laboratory is necessary. The clinical instruction may be more expensive because at times the relationship between the student and the teacher is almost tutorial. This is necessary to provide patient-side instruction and to insure safety to the patient and the student. Allowances are made for these situations in preparing for faculty positions and budgets.

A national study on the cost of nursing education in junior colleges is now available from the NLN. Write: National League for Nursing, 10 Columbus Circle, New York, New York 10019 and request copies of Study on Cost of Nursing Education, Part 2, Cost of Basic Baccalaureate and Associate Degree Programs prepared by Harold R. Row and Hessel H. Ketter. New York: National League for Nursing. 1965.

FACULTY

The best single index of the ability to prepare professionally adequate practitioners of nursing is the competency of the faculty in providing a program of recognized quality.[1] The success of any educational program in nursing is dependent, in large measure, on the academic preparation and clinical competence of the faculty. The number and qualification of each faculty member must be sufficient to implement the curriculum design and accomplish the objectives of the program.

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[1] "Guide for Use of State Boards in Developing Standards for Accrediting Preservice Educational Programs Preparing Professional Nurses." Prepared by Subcommittee on Preparation of Educational Standards for use by State Board of Nursing. New York: American Nurses' Association.

The faculty is the key to the success of the program. They must have the ability to both teach and learn. They are the means by which the knowledge, attitudes, and skills of the professions are embodied, transmitted, imparted, and translated into understandable terms.

The controlling authority, through its nurse faculty, establishes policies and regulations for administration of the program, for providing facilities and resources, and for developing, implementing and evaluating the program of instruction. The National League for Nursing has prepared an excellent guide for the administrator in reviewing faculty qualifications, identifying potential sources of candidates, presenting information about the position, and processing the application.[1] The League's "Guiding Principles for Junior College Participation in Education for Nursing" also provides guidelines for the selection of faculty.

DIRECTOR - QUALIFICATIONS, PLANNING, DUTIES

The authority for direction of the program must be delegated to a registered nurse (currently licensed in North Carolina), preferably one who is prepared at the master's level or above.[2] Since the director is expected to assume the major responsibility for functioning of the program at the administrative level, she should have a broad knowledge base and understand problems related to establishing and maintaining a nursing education program. For long-range success, knowledge is vital for selecting, supervising and guiding personnel members of the community to foster community understanding of the objectives of the program and to engender continuing support of the program leading to access to clinical facilities, scholarships, and recruitment of students.

Experience in teaching, supervising, administering clinical practice and other appropriate educational qualifications should be satisfactory to the bodies concerned with accreditation.

Many prospective program directors may have academic and nursing preparation but no experience in functioning within a college or institution. Cafferty has identified the importance of sound orientation programs to assist nurse educators to see their roles in the collegiate frame of reference and to carry out their functions as full-fledged members of the college faculty.[3]

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[1] "Selection of Qualified Directors and Faculty Members for Nursing Education Programs Leading to an Associate Degree." Code No. 16-831. New York: National League for Nursing, 1961.

[2] Standards for Educational Units in Nursing.

[3] Kathryn W. Cafferty. "The Role of the Administrator of the Nursing Program in Community/Junior College." The League Exchange, No. 51. New York: National League for Nursing, 1960, pp. 46-47.

Usually the college or institute has already proven the need for the program, discovered that there is adequate student potential, obtained pledges or cooperation from local hospitals, and obtained some local newspaper publicity for the new program before the nurse-director is employed. The director should be employed at least one year, if possible, before actually starting the program, even if the preliminary survey is completed. The need for a "planning year" before students are actually admitted will be invaluable. The establishment of relationships with hospitals, the development of the curriculum within the college structure, the search for faculty and their orientation, the interpretations to the community, the preparation of catalogs and brochure materials, and initial screening and admission practices are all mentioned to indicate the time-consuming essential steps necessary to be taken during the "planning year". Clinical areas are also evaluated during this time. Objective criteria are essential, and it is a time-consuming process to identify the critical elements in each skill.

Some of the specific duties and responsibilities of the director should be:

1. Guide the development of the program and select physical and affiliating clinical facilities.
2. Review equipment and supply lists and assist with ordering supplies and equipment and installation of equipment.
3. Assist with library selections and determine holdings. Library study material should be determined in advance so that books will be available when students enroll.
4. Offer guidance to faculty in completing curriculum and devising instructional materials, including student evaluation procedures and materials.
5. Plan and direct orientation of new faculty.
6. Assist in recruitment and selection of students and faculty.
7. Promote the program through personal and news media.
8. Review contracts with program advisory committee and representatives of clinical facilities. Apprise them of program progress.
9. Survey clinical facilities; establish and maintain good relationship with clinical agencies.
10. Set up a committee of representatives from the educational institution and the affiliating clinical facilities for assistance with coordination of educational and clinical teaching.
11. Initiate inservice programs for affiliate faculty.

12. Interview and recommend an instructional staff.

13. Prepare necessary materials for accrediting agencies.

14. Assist in developing a program brochure.

15. In conjunction with affiliating clinical facilities, colleges, and associations, plan steps to report placement and follow-up of graduates.

16. Hold regular faculty meetings; minutes should be recorded and filed. These meetings should act as a forum to distribute information, to discuss problems in the classroom, and to evaluate the program. When possible, clincial instructors from the affiliating institutions should also be included in these meetings.

17. Attend and participate in community, professional, and institutional activities.

18. Provide for continuous evaluation and changes as necessary for program, faculty, and students.

19. Prepare, secure approval of, and administer the budget for the program.

20. Promote studies for the improvement of nursing and educational programs.

21. Encourage cooperative faculty action and delegate authority commensurate with the responsibility.

22. Utilize the philosophy and objectives of the Community College System and the local institution in organization of the nursing department.

23. Prepare with faculty assistance adequate and accepted program applications, brochures, curriculum, and other materials for State Board of Education, Board of Nursing, and publication.

24. Perform other functions as requested by the dean to enhance the college or institute in its entirety and/or specifically the nursing program.

INSTRUCTIONAL FACULTY

The faculty of an educational unit in nursing must serve as the teaching, administering, and policy formulating group for the educational program within the framework of standards and regulations of the controlling institution. Therefore, the full-time faculty should be appointed 3 to 6 months prior to the time they are expected to assume teaching responsibilities. This affords an opportunity to learn the complexities and individual practices of the extended campuses as well as time to plan for classroom duties. Instructional staff needed is dependent upon the number of students admitted to the program, curriculum design, and number and type of affiliating clinical facilities utilized. There must be a sufficient number to provide adequate "instruction" as defined by the Board of Nursing in each area of the curriculum.

The instructional staff should be qualified through academic preparation and experience to teach the subject or subjects assigned. There should be enough staff available to instruct, counsel, and supervise in the many facets of the program.

It is desirable to have full-time nursing instructors; if it is necessary to employ part-time staff, these persons should share in faculty meetings and in student advising.

Interdisciplinary faculty can strengthen the department, particularly if faculty is given enough time for sharing of objectives and concepts.

The "ideal" faculty member will have a deep commitment to the values and aims of the nursing profession. She will have a realistic knowledge of cultures and an ability to work with subcultures, including the college or institute culture. She will have a knowledge of the community and be aware of its problems, and she will know the agencies and organizations, their services, constraints, and limitations, as well as their strengths. She will have a wide range of conceptual and practical knowledge and will know what is involved in the learning/teaching experience. She acts as a role model for students and has the ability to share her values with them.

The major responsibility of the faculty is to facilitate student learning. Faculty must teach so that relevant and viable education experiences are achieved by all students. Also, the faculty must adapt the curriculum to respond to student, community, and societal needs which incorporates a sequence of significant learning experiences. In addition, each faculty member should actively participate in the counseling of students and consulting with them concerning their program of study and career development.

One of the faculty members should have the responsibility of coordinating learning experiences on each level. All faculty should seek to evaluate both student learning and their own teaching and to grow personally as teachers and nurses.

Team teaching is often helpful. The teaching staff can be organized into a unit, with teaching tasks assigned according to the teacher's individual abilities and career interests. For example, faculty specialists are expected to assist in teaching the beginning fundamental course; and in some programs where content is integrated, all faculty assist in each area, serving in turn as the "master" teacher for their particular specialty when it is being taught.

The lack of qualified faculty is cause for concern, because the need for faculty increases as the program enlarges. Training programs, internships, and sharing of faculty are all possibilities which need to be studied.

Rural areas may have more difficulty than metropolitan areas in obtaining faculty. Because money is available for graduate education, rural areas might recruit their own people for graduate education to return to them as a source of supply. Information may be obtained from the Department of Community Colleges and the Board of Governors of the University of North Carolina.

If the nursing programs are to continue to expand, methods for ensuring the supply of competent faculty must be forthcoming. A permanent, qualified secretary is necessary to allow for optimum utilization of faculty.

Academic and Professional Preparation

A nurse faculty member must hold a current North Carolina license to practice nursing. Each faculty member in an educational unit in nursing must present evidence of minimal preparation, either at the bachelor's degree level or evidence of enrollment in a program of study carrying academic credit at the college level. Enrollment in at least two courses over a period of the calendar year will constitute evidence that a faculty member without a baccalaureate degree is meeting this standard.[1] Such courses as a regular campus course, a television course, or a correspondence course leading to academic credit will be accepted. A variety of educational preparation and clinical specialties should be evident in the faculty composite. Individual faculty members should meet the institution's requirements for faculty appointments. Preparation of the faculty should exemplify clinical expertise in the clinical area in which they are directing student learning experience.

The following criteria are used by the National League for Nursing Board of Review for Associate Degree Programs to evaluate faculty candidates:[2]

1. Educational preparation that includes a master's degree in teaching in an area of nursing or graduate study toward that degree.

2. Credentials verifying legal status as registered nurses in the state in which the program is located.

3. Such other credentials as may be required by the college.

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[1] Standards. Op. cit., p. 5.

[2] Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree. Prepared by the Department on Diploma and Associate Degree Programs. New York: National League for Nursing, 1962, p. 8.

4. Professional experience as practitioners of nursing and as teachers of nursing.

The essentials in the preparation of faculty are outlined by Montag:[1]

1. Understanding the community college.
2. Understanding the community college curriculum.
3. Broader preparation.
4. Experience in the associate degree program at the practice level.

Orientation Program for Faculty

The prompt introduction of new faculty to their jobs will often reduce problems which otherwise occur and help to assure successful orientation to students, colleagues, the college, health agencies, and the community. It is most helpful if new faculty are employed for a period of time before students are assigned to them so that they can complete an orientation program and plan more effectively. A well-planned introduction with an experienced faculty member may be necessary to develop confidence and foster satisfaction in working conditions prior to assuming the total responsibility for a nursing course.

The administrator and the director of the nursing department should plan jointly the education and training program. A well-planned orientation program is considered a necessary activity for all new faculty members regardless of the individual's educational background and experience. It should be flexible and meet the needs of the individual.

The orientation program may include the following:

1. Review of city maps and geography of the city.
2. Brief tour of the city.
3. City report and descriptive materials.
4. Review of brochures of local health and educational agencies.
5. Visits to health and educational agencies used for student learning.
6. Explanation of the organization of the nursing department and its relationship to the total institution organizational structure.
7. History and philosophy of the Community College System, the institution, and the nursing program.

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[1] Comments of Mildred L. Montag at the Curriculum Workshop, College of Marin, Kentfield, California, March, 1965.

8. Visits to the Department of Community Colleges and the North Carolina Board of Nursing.

9. Distribution and discussion of printed materials regarding the nursing program:
   a. Philosophy
   b. Objectives
   c. Curriculum
   d. Nursing brochure
   e. College catalog
   f. College policies
   g. Nursing department policies
   h. Responsibilities of teaching faculty
   i. Bibliography for nursing education program
   j. Review of textbooks, books, and resource materials

10. Utilization of librarian and library materials.

11. Practice using educational media and audiovisual aids..

12. Review minutes of faculty meetings.

13. Study of faculty handbook.

14. Meetings with other nurse faculty members.

15. Meeting with academic faculty members.

16. Meeting with counselors.

17. Conferences with president of educational institution and director of the nursing program.

18. Attendance at community meetings, such as district nurses' meetings, advisory committee meetings, and coordinating committee meetings between health agencies and the educational institution.

19. Self-studies, accreditation materials, guidelines and criteria for nursing education programs.

20. Any additional orientation as identified by the faculty members.

The orientation may consist of some sessions for all new faculty and some separate sessions by departments. The department chairman and faculty are expected to give particular orientation to a teacher joining their group and to work with him or her on a long-term basis as needed for integration and cooperation among teachers. Periodic total faculty meetings with speakers, or group discussion, could be used to supplement this orientation.

Utilization of Faculty

The work load assigned to the faculty in nursing is usually determined by two major factors: (1) the general policy of the educational institution concerning faculty duties to be expected of all teachers; and (2) the special aspects of the program in nursing which influence the determination of faculty load equivalencies.

By evaluating the demands which various educational functions make upon teachers, institutions develop a faculty-load formula which can be used to help equalize assignments for individual teachers. These formulas may vary somewhat among different educational institutions.

The basic teaching assignment is usually expressed in terms of lecture hours. The preparation time required of a teacher for a laboratory hour, the instructional demands during the hours, and the evaluation demands resulting from it ordinarily are somewhat less than are required for a lecture hour. Therefore, laboratory hours have usually been given a "load" value of about one-third or one-fourth less weight than a lecture hour. And so, if a teacher has some lecture hours and some laboratory hours, a formula of value can be applied. For example, if a teacher had all laboratory hours, he might teach one-third to one-fourth more clock hours than a teacher who had all lecture hours. If some of the required teaching is done in the laboratory, however, an equivalent value is assigned to a laboratory hour.

The faculty must be selected to provide the required variety of courses: medical-surgical nursing, psychiatric nursing, obstetrical nursing, and pediatric nursing. It is understood that each lecture hour will require teacher time in preparation, grading papers, or other student evaluation activities. In addition to time directly associated with instruction, related educational activities are expected to make up approximately a 40 hour week, including the following:

1. Preparation for class.
2. Teaching.
3. Evaluating student performance.
4. Office hours for conferences with students.
5. Service on college and departmental committees.
6. Attendance at required meetings concerned with faculty and educational matters.
7. Sponsorship of student activities and student advising.
8. Participation in institution or departmental inservice programs.

9. Personal self-development in knowledge and teaching skills.

10. Participation in professional and community organizations and affairs.

11. Other duties which may be commonly expected or which may be assigned in lieu of usual functions.

12. Travel time to clinical agencies for both making assignments and instruction of students.

The plan for utilizations of faculty in nursing education units may consider the following factors:

1. The placement of nursing content in the curriculum. Although curriculum revisions are expected for the purpose of improving the program, the design should not be changed to accommodate the abilities of the faculty. The NEO curriculum design is the framework in which the faculty is expected to function.

2. The abilities and interests of each faculty member. Participation in professional organizations and community health groups provides an atmosphere for an interchange of thoughts and identification of trends within a homogenous group. Membership through respective local and State organizations affords this opportunity. Faculty members should feel a responsibility for being a part of these groups.

3. Continuing education opportunities. The faculty member, although prepared academically in his specialty, needs to keep abreast of the rapid changes which are occuring in education and the health professions. For this reason, he should avail himself of advanced courses offered both in continuing education in nursing and in the broader scope of general education. This may be accomplished through participation in courses at the hospital or other community agencies, local universities, institutes or colleges, or professional groups.

4. Attendance at meetings. Opportunity should be given for attendance at selected meetings and/or conferences in addition to scheduled faculty meetings. At conferences or workshops designed for professional growth, the teacher is given the opportunity to gather ideas from recognized leaders in areas of specialization or in methods of problem solving.

5. Use of clinical instructors. The enrollment and attrition statistics of the department could indicate that the use of part-time clinical instructors would satisfy the needs of the department.

6. Planning time. The number of classes admitted each year influence faculty utilization by decreasing planning time.

7. The college policy regarding teaching load and the number of clock-hours an instructor is expected to teach each quarter. Time, in

addition to classroom teaching hours, is needed to plan for continuity in student learning experiences and to insure transfer of learning when building upon previously acquired skills and knowledge.

8. Availability of clerical help. One factor which enhances faculty utilization is the assistance of a permanent, qualified secretary or clerical assistant.

A suggested reference for administrators and directors for faculty utilization is : Eleanor A. Tourtillot, "What to Do with What We Have" (Effective Use of the Nursing Faculty), Utilization of Faculty in Associate Degree Programs in Nursing. Report on a conference held in St. Louis, Mo. New York: National League for Nursing, 1964.

Personnel Policies for Faculty

Written position descriptions for faculty members should indicate responsibilities and activities expected of faculty, individually and collectively, i.e., teaching, guidance, faculty organizational work, and office hour regulations. The director should prepare these descriptions within the limits of the controlling institution's policies.

The responsibilities of the nurse faculty encompass these areas:

1. Teaching
    - a. Curriculum and course planning, development, implementation, and evaluation.
    - b. Exploring educational resources for course development.
    - c. Developing educational materials for individual learning or for total program.
    - d. Evaluating student progress.
    - e. Teaching in classroom, nursing laboratories, and clinical resources.

2. Academic institutional
    - a. Actively participating in committee and project assignment.
    - b. Contributing to inservice education for total institute, college, or system.

3. Professional growth
    - a. Maintaining active membership in local, state, and national professional organizations.
    - b. Attending and participating in inservice educational projects within the unit.
    - c. Participating in community activities.
    - d. Continuing graduate education or other self-improvement educational endeavors, such as writing and research.
    - e. Developing self in, or for, leadership roles in his particular area of strength to advance nursing and education.

Some of the duties of the faculty require working with the director to:

1. Determine and evaluate the objectives of the program.
2. Determine and evaluate the learning experiences for the program.
3. Explore educational resources for the purpose of course development.
4. Improve teaching and clinical skills by participation in professional and institutional activities.
5. Assist in the overall development of the program and selection of physical and clinical agencies.
6. Assist in the selection of library holdings.
7. Complete the curriculum.
8. Devise instructional materials.
9. Develop student evaluation criteria and performance data materials.
10. Promote the program through personal and news media.
11. Assist in developing or revising a program brochure and the school catalog.
12. Assist in recruitment and selection of students.
13. Prepare necessary material for accrediting agencies.
14. Give academic guidance and counseling.
15. Contribute to staff development in cooperating agencies.
16. Make recommendations for budget.
17. Implement the curriculum according to plan.
    a. Assume responsibility for leadership in his particular area of strength in planning and implementing curriculum.
    b. Develop educational materials pertinent to individual needs and total program, i.e., course outlines, quizzes, examinations, learning activity packets, course objectives, schedules.
    c. Teach in classroom and nursing laboratories.
    d. Evaluate student progress.
    e. Collect and/or order supplies for laboratory and classroom.
    f. Replace and/or return supplies and equipment to proper place.
    g. Request library staff to place books and/or materials on reserve as necessary for maximum utilization.

h. Arrange for removal of books and/or materials from reserve as soon as period of usefulness is terminated.
i. Recommend adoption or discontinuance of textbooks and/or other instructional supplies and equipment.
j. Maintain an orderly, clean, and well-stocked office and nursing laboratory, including preparation of linen for laundry and keeping a record of items sent and returned.
k. Request purchase of supplies, materials, equipment and preview materials from director in ample time for processing of orders via channels of system.
l. Maintain records.
    (1) Attendance: class, clinical, laboratory meetings, graduation and/or special sessions.
    (2) Grades.
    (3) Advisory and/or counseling files.
    (4) Permanent record of course outlines, lesson units, assignments, examinations, tests, focus sheets, and any other relevant instructional material and/or documents.
m. Assume other duties as deemed necessary by the administrator and director of the nursing department.

18. Evaluate curriculum.

19. Revise curriculum.

20. Plan in conjunction with clinical agency's, college's, and association's steps to report placement and follow-up of graduates.

21. Participate in inservice education within the nursing unit, the institute, the college, and/or clinical agency.

22. Participate in all faculty meetings.

23. Participate in projects of educational unit, clinical agency, and/or community groups.

24. Establish and maintain rapport and communication with affiliating agencies and personnel.

25. Work closely with student service personnel and teachers in other disciplines, i.e., general education, remedial laboratory, or learning laboratory.

26. Report any incident involving students and/or faculty to the director, whether it be in clinical agencies, classroom, or campus.

27. Respond to other requests of administrator and director.

Clinical Teaching

Perhaps the most unique feature of the program in nursing in relation to determining teacher load is the fact that a major part of the teaching takes place as laboratory hours away from the institutional campus. Instruction in nursing and student practice is permitted with the understanding that these activities will not interfere seriously with the operation of the hospital and the welfare of patients. Certain rather unique implications in this situation need to be considered in determining an equivalent teacher assignment value for the faculty in nursing:

1. The faculty must travel between the educational institution and the clinical facilities. A travel time credit needs to be determined and an equivalency granted in faculty load formulas.

2. The hospital "laboratory" is a specialized, constantly changing setting where, in spite of careful planning, the teacher must frequently adjust to last-minute changes, compensating for the lack of an anticipated student learning situation and taking advantage of unforeseen new opportunities. This laboratory is not like the educationally controlled campus laboratory with equipment and specimens ordered ahead of time and available as planned. This makes nursing laboratory instruction more difficult and demanding.

3. Because the hospital laboratory consists of single or double-patient care units, or sometimes larger, students are assigned in different rooms. This means the teacher must be familiar with each patient-care situation so she can be ready and available to give instruction and assistance when and where they are needed.

4. Preparation for clinical instruction and practice determines the difference between highly significant learning or busywork of little educational value. Seven major steps are involved for each laboratory session:
   a. Determining the learning experiences appropriate to the past and present course content.
   b. Individualizing these experiences by identifying each student's readiness for specific assignments.
   c. Surveying the learning experiences available in the current clinical situation and selecting those which meet the criteria in step a.
   d. Exploring with a member of the hospital staff (usually the head nurse) the practicality of the tentative plan of student assignments in terms of hospital routine, the persons involved, and patient welfare; exploring further with other personnel as necessary.
   e. Becoming briefed on the particular nursing care activities, information, and equipment which will be needed.
   f. Confirming the assignments for students and identifying areas where last-minute changes may become necessary.
   g. Communicating the assignments to both students and staff so that the experiences will be available. Usually these assignments have to be made the day prior to the laboratory. This is one reason why clinical laboratory on Monday is often difficult to teach unless

it is held in the afternoon. Delegating the making of assignments to hospital staff is not sound educational practice.

Evaluation of Teaching Methods

With time, faculty gain more experience, new faculty with more recent preparation are added to the staff, and the educational "know-how" of the institution is utilized to better advantage by the teachers of the nursing program. Faculty speak of their "teaching approach" with varying degrees of sophistication. Most of them are quite realistic in their evaluation of their own progress and aware that superficial attempts to copy the approaches of others do not result in improved teaching. The mental exercise of thinking the process through is essential to implementing a strong teaching plan, be it traditional or progressive. The goal is competent instruction and effective learning.

A review of the literature indicates that there is a need for more information in this area. Barham's study identifies 19 teaching behaviors in effective teaching.[1] White has critically examined the role of the teacher in the associate degree programs.[2]

Searching for improved teaching seems to be as important as finding the answers. Searching for excellence motivates both faculty and students it is common to see new excitement and spirit develop in a program where creative and imaginative teaching is taking place.

Student evaluations are a valuable index to teacher performance, but must not be used as the lone criterion in teacher evaluation. Self-evaluation as well as evaluation by the director are adjunts to faculty evaluation which should be considered.

Supervision of Faculty

Responsibility for effective utilization for faculty after they are employed rests with the nursing administrator. Some of the problems of the new teacher may be solved through staff orientation, supervision, faculty meetings, and inservice education; yet, other problems are solved to the degree that the nursing administrator sees her role to be that of a "teacher-of teachers" as well as the prime mover for the total program. A top priority for the nursing administrator is the inclination to spend time with faculty members who are deficient in formal preparation and teaching experience. This willingness to spend time with teachers is predicated upon the assumption that the administrator has two competencies--first, expertness as an adminstrator of nursing, and second, teaching ability--and can communicate them. Three pertinent questions for the nursing administrator are:

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[1] Virginia Barham. "Identifying Effective Behavior of the Nursing Instructor Through Critical Incidents". Unpublished doctoral dissertation. Berkley: University of California, 1963. A summary of this study appeared under the same title in Nursing Research, Vol. 14 (Winter, 1965), 65-69.

[2] Dorothy T. White. "Abilities Needed by Teachers of Nursing in Community Colleges." The League Exchange, No. 56. New York: National League for Nursing, 1965.

1. Have teaching responsibilities been delineated and priorities established?
2. What do the teachers know about the present array of techniques, devices, and processes that may enrich the educational program?
3. Have appropriate consultation and education for your faculty been provided?

CONTRACTS AND AGREEMENTS

THE IMPORTANCE OF CONTRACTUAL AGREEMENTS

Increasingly and somewhat rapidly, public institutions have accepted responsibility for nursing education. In many cases, experienced educators and administrative officials of institutions have become involved in nursing education without realizing the extent to which the operation of nursing programs is dependent upon resources outside of the educational agency. Usually, the resources needed by the majority of programs offered are owned by the educational agency. They are available on a continuing basis and can be added to and supplemented as needed within budgetary allocations. Thus, an educational institution is usually able to plan for the majority of programs offered and to provide the needed resources.

Planning for nursing programs is somewhat more involved, although it is usually felt that such programs demand at least an average share of budgetary allocations. Nursing programs are different in that the most important resource, the clinical nursing laboratory, is not created by the educational institution, nor is it directly responsive to budgetary allocations. However, the ultimate responsibility of an educational institution for providing adequate nursing laboratories is no less than its obligations to provide biology or chemistry laboratories as needed.

The process and the considerations involved in providing a nursing laboratory are quite different. For instance, after determining the number of students anticipated for enrollment in a chemistry class, the laboratory may be planned and equipped accordingly. In contrast, the nursing laboratories must be secured outside of the educational institution through contractual agreements with hospitals and other health agencies.

In planning a nursing program, the number and variety of experiences available in the laboratory facilities will determine whether or not it is feasible to have a nursing program in the community and will ultimately determine the number of students which the program can accommodate.

Factors considered in developing contractual agreement are:

1. Definition
   a. A binding agreement between two or more persons or parties.
   b. A written document made by parties to evidence the terms and conditions of a contract.
   c. An obligation.

2. Clear lines of authority and responsibility.
   a. Two agencies are involved in collaborative efforts: education and service. The purposes and objectives of each agency are different but complimentary.
   b. Responsibilities of both agencies, individually and jointly, are clearly stated in legal and supplemental documentary forms.

3. Contracts provide for the number and variety of learning experiences needed.
   a. Primary resources provide essentials needed to implement a program on a continuing basis and include four clinical areas in practical nursing and five clinical areas in associate degree education. Primary resources must be provided under formal contract.
   b. Supplementary resources may not be an absolute essential to the program. They may be used to enrich and broaden experiences. The agreement for use may be temporary, but retains the formality of the primary resources.

4. Contracts consider both immediate and long-range goals.
   a. Immediate goals cover the period required for students enrolled in a program at any given time to complete the curriculum. Depending upon the length of the program, contracts are reviewed yearly and continued for periods of at least one or two years, according to the length of the program.
   b. Long-range goals are considered in initial planning and should be reflected in the contractual agreements. An educational agency can ill afford to utilize the time, energy, and money necessary to develop a nursing program unless clinical resources are available for a justifiable period of time.

5. Contracts are carefully developed and duly signed in a manner which places the agencies and individuals involved under moral and legal obligations to abide by the terms as stated. Violation of the contract can and usually does affect the quality of educational experiences available to students and thus may affect the accreditation status of the educational unit involved.

TERMS OF AGREEMENTS

Plans developed must provide maximum safety for the patient as well as the student. A hospital governing body is legally and morally responsible tc the patient, the community, and the sponsoring organization for the conduct of the hospital. In exercising its responsibilities, the governing body determines the specific purposes and objectives of the institution; therefore, the governing body decides whether or not these purposes and objectives include the use of the hospital services for formalized education purposes.

As the official representative of the governing body, the chief executive officer of the hospital is responsible for the due execution of the contract or agreement and for its implementation by the hospital. The president of the educational institution is responsible for its implementation by its nursing program.

The terms of the contract or agreement between the educational institution and the clinical facility may include:

1. Duration of the contract and provisions for modification or withdrawal. Beginning and terminal dates are identified.

2. Provision for physical facilities, such as classroom, conference rooms, laboratories, library facilities, offices, locker room space, equipment and supplies; financing, health care for students; hours and services available; dining and parking privileges, etc., assumed by the clinical facility.

3. Assignment of the students to necessary departments, designating specific time, learning objectives, etc., in order to provide for necessary correlation between classroom theory and clinical practice.

4. Responsibilities of the educational institution in:
    a. Providing faculty for guiding and facilitating learning experiences in the clinical facility.
    b. Following administrative channels in planning for student clinical experiences or observations.
    c. Adhering to policies and standards of clinical agencies.
    d. Financial responsibilities involving the students.

5. Role and responsibility of the nursing faculty.

6. Provisions for adequate records and reports for student education and research.

7. Other terms as deemed appropriate by both agencies.

By permitting the use of its facilities and services for educational purposes, the clinical facility has given assurance to the community, the student, and the educational institution of its endorsement of the quality of the program. Both agencies share the responsibility for continuing evaluation of the program, achievement of the purposes and objectives of the program, and future planning.

In order for the departmental directors to have available and to properly utilize the contract or agreement, it is suggested that four copies be made and that each department receive a copy, as well as each executive director of both the agencies. It is suggested that properly signed contracts be sent to the following:

1. Educational unit
2. Administrator of clinical agency
3. Department of Community Colleges
4. North Carolina Board of Nursing
5. Other persons or departments deemed mecessary by either the educational unit or the clinical agency

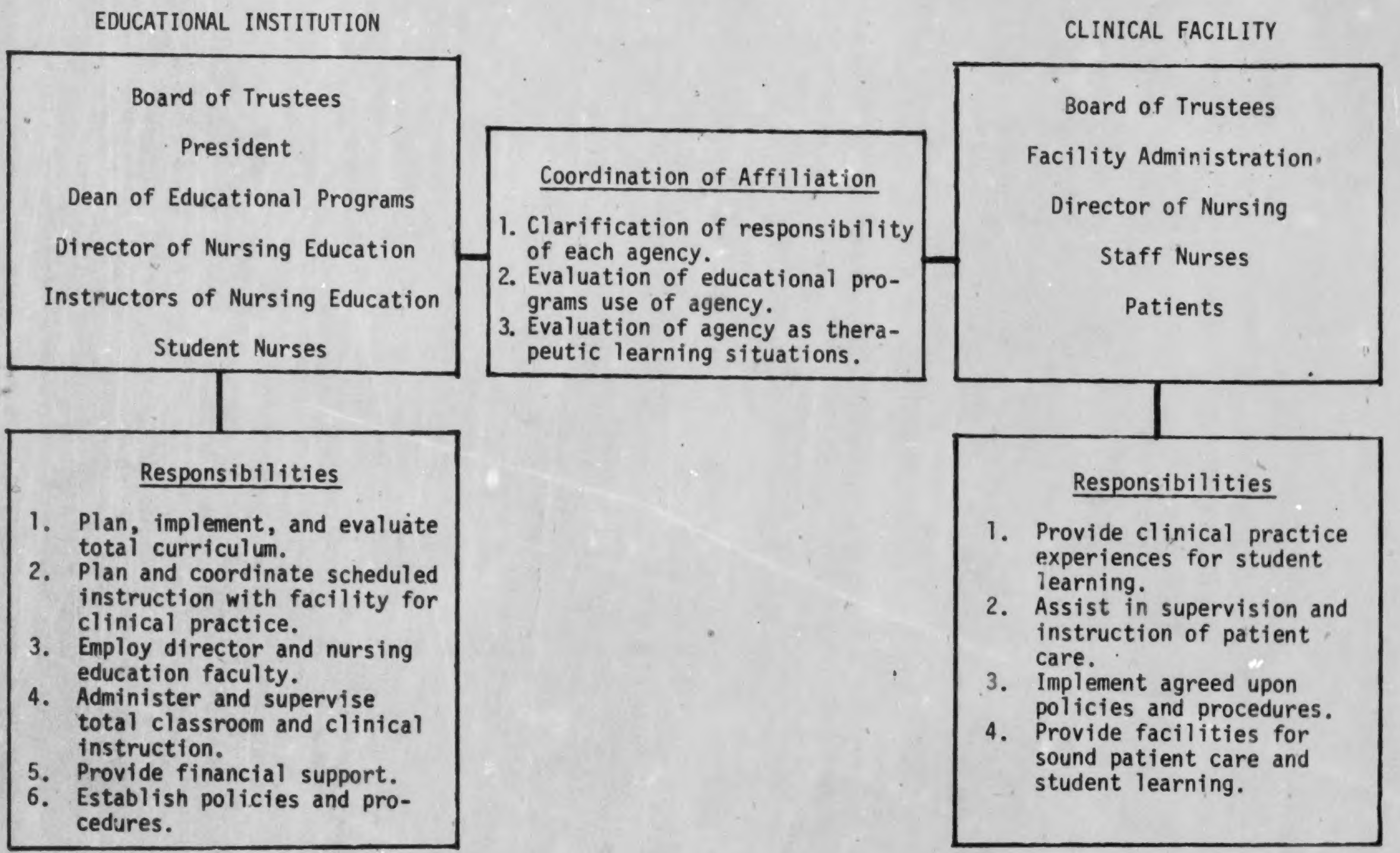
FORM AND CONTENT OF CONTRACT

A sample contract is included in the Appendix. This may be used in the preparation of contracts. It is usually a good practice to have a detailed and specific contract with primary facilities. Government agencies, local, state, or federal usually have their own specific contract forms which have to be used. It is recommended that all agreements be confirmed in writing, no matter how informal.

Since the form and content of agreements can contribute to their clarity and usefulness, the following is a summary of the suggestions and practices of institutions having written agreements:

1. Limit the content to as few pages as possible.
2. Organize the content into the following major catagories:
   a. Basis and purpose of forming the relationship.
   b. General responsibilities and privileges of both parties, stating in sequence those involving the educational institution and those involving the clinical facility.
   c. The status of students in this relationship.
   d. Provisions for continuation, review, modification, and termination of the agreement.
3. Confine content to major issues. Details and variable minutiae should be decided and agreed upon by agency representatives at an operational level.

The following chart illustrates coordination and responsibilities of the educational and clinical facilities.


EDUCATIONAL INSTITUTION
Board of Trustees
President
Dean of Educational Programs
Director of Nursing Education
Instructors of Nursing Education
Student Nurses
CLINICAL FACILITY
Board of Trustees
Facility Administration
Director of Nursing
Staff Nurses
Patients

Coordination of Affiliation

1. Clarification of responsibility of each agency.
2. Evaluation of educational programs use of agency.
3. Evaluation of agency as therapeutic learning situations.

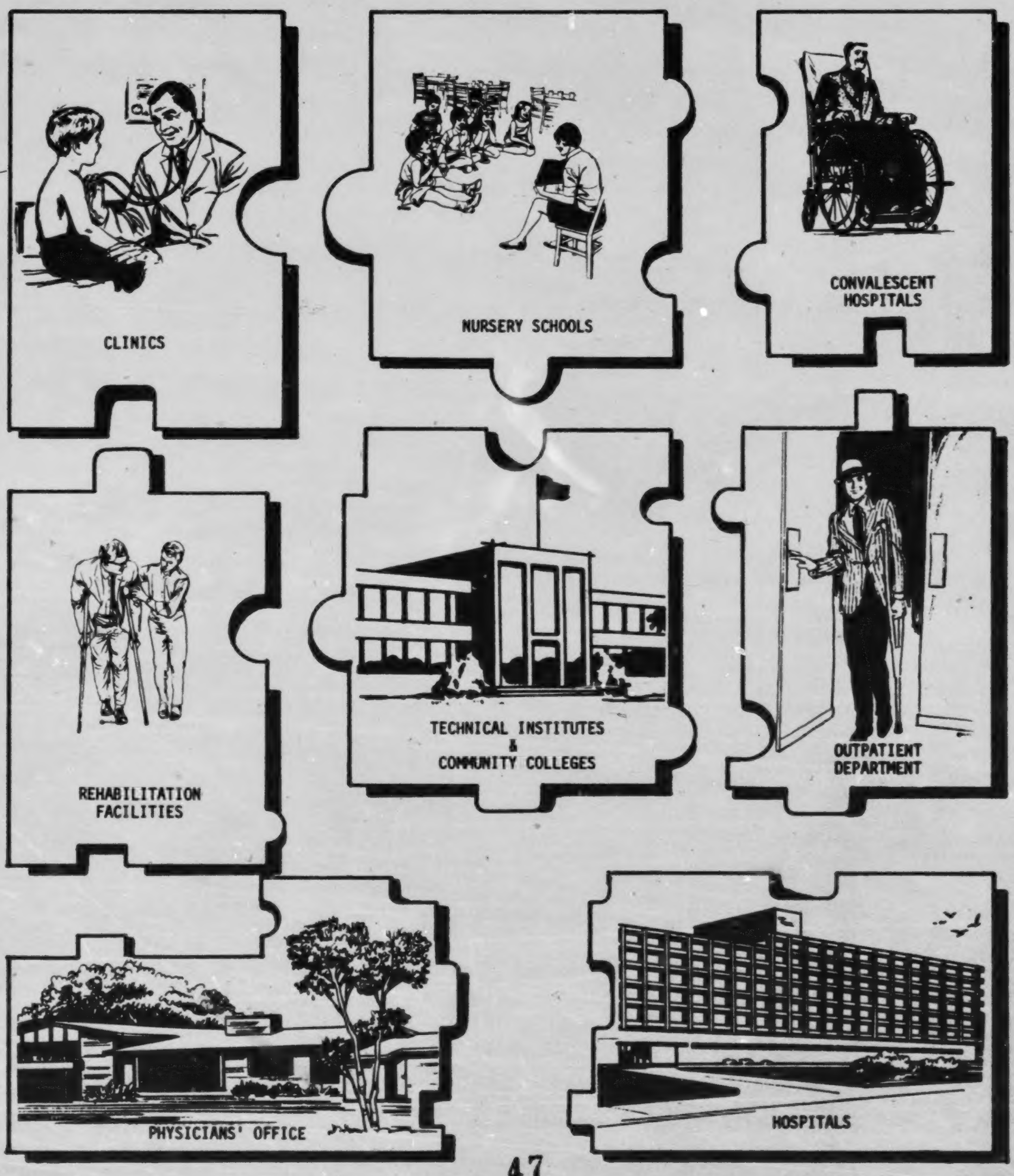
Responsibilities

1. Plan, implement, and evaluate total curriculum.
2. Plan and coordinate scheduled instruction with facility for clinical practice.
3. Employ director and nursing education faculty.
4. Administer and supervise total classroom and clinical instruction.
5. Provide financial support.
6. Establish policies and procedures.

Responsibilities

1. Provide clinical practice experiences for student learning.
2. Assist in supervision and instruction of patient care.
3. Implement agreed upon policies and procedures.
4. Provide facilities for sound patient care and student learning.

PHYSICAL AND CLINICAL LEARNING ENVIRONMENTS


CLINICS
NURSERY SCHOOLS
CONVALESCENT HOSPITALS
REHABILITATION FACILITIES
TECHNICAL INSTITUTES & COMMUNITY COLLEGES
OUTPATIENT DEPARTMENT
PHYSICIANS' OFFICE
HOSPITALS

III. STUDENTS

The policies in effect for students in the nursing program are those in effect for all students enrolled in the college, with such applications and adaptations as are normally made in view of the differences in the types of education in the various programs.

CAREER OPPORTUNITIES

The demand for nurses is likely to far exceed the present supply because of the great rise in numbers and types of agencies needing nursing services. A variety of opportunities are available to the registered and licensed practical nurse including:

1. Public school nursing
2. Industrial nursing
3. Office nursing
4. General duty nursing
5. Clinical nursing
6. Hospital specialty nursing
7. Private duty nursing
8. Extended and intermediate care nursing
9. Mental retardation services
10. Psychiatric nursing services
11. Public health nursing
12. Rehabilitation nursing
13. Geriatric nursing
14. Research

Titles may sound similar in many cases but describe very different clustering of tasks. Graduates should be cautioned to carefully evaluate job opportunities, using these criteria:

1. Autonomy--how much independence does the worker have, with accompanying responsibilities, for results?
2. Risk--how much supervision and inservice are available?
3. Complexity and specialization of knowledge and abilities--how much should the worker know? How specialized and difficult are the skills and abilities required?

RECRUITMENT AND SELECTION

Student recruitment should be innovative. The advisory committee and student services can spearhead an active college recruitment program, including the interpretation of the educational goals.

Much recruitment is done by graduates of the program who tell others of the educational and job advantages. High school "Career Days" attract large groups of students wishing to inquire about nursing education and opportunities.

Older women, mothers of school-age children, men, and persons who were interrupted in the nursing education program can be encouraged to move again toward a nursing career.

The recruitment and selection of students is the responsibility of the educational institution.

Recommendations for documents to be required of the student applicant include:

1. A high school diploma or equivalent of a high school education.
2. A pre-entrance health examination made within three months prior to admission. Such an examination might include a chest X-ray, serology, immunizations, vision and hearing examinations, a statement as to mental and emotional fitness, and dental health.
3. An effort should be made to obtain at least one of three references from a former teacher or guidance counselor.
4. Scores from such tests as the School and College Ability Test and Cooperative English Expression Test. These would be useful in screening applicants and giving guidance and counseling to the students.

A personal interview with the director or a nursing faculty member of the program is an essential part of student selection and guidance.

ADMISSION, PROMOTION AND GRADUATION

(See Appendix for a Suggested Guide for Admission, Promotion and Graduation.)

The philosophy of the college administration, counseling staff, and faculty ultimately determines the admissions procedure. The admissions and screening processes used for applicants for the program in nursing should be as nearly like the regular procedures of the college as is compatible with the best results. An admissions committee is sometimes advisable to provide a variety of opinions.

Some specific points which may be helpful are:

1. Tests and screening processes should be scheduled and carried on early enough for the class to be admitted by the deadline. "Early enough" often means the spring quarter before the students enter in the fall. Allow enough time for health standards to be met, including innoculations, uniforms to be fitted, and, if required, interviews to be completed before the class is closed.

2. Nursing students usually have closely focused interests, and they wish specific counseling. It is recommended that the nurse faculty and the counselors work closely together in recruitment, counseling, admissions, and student personnel services. In this way, students benefit from the skill of a counseling staff and the career-guidance "know-how" of the nurse faculty. Working together at this point also establishes channels for cooperation in continuing counseling throughout the program. Many schools use group counseling sessions as part of the admissions procedure.

As the program progresses, a study of student failures and withdrawals may provide valuable guidelines for admission and promotion policies. Another helpful study is to identify those who were considered marginal and determine how they performed in the program. The wise use of data over a period of years should produce objective, realistic guidelines for the acceptance or rejection of applicants. Individual programs have a wealth of data at hand relative to test scores, transcripts, and the like. Follow-up studies on graduates serve as another source of valuable information and meet accreditation requirements for the program and the school.

References which might be valuable:

Evaluation and Prediction of Clinical Performance in a School of Nursing. A study done at St. Mary's Memorial Hospital School of Nursing. Knoxville, TN. 1971.

Counseling, Evaluation, and Student Development in Nursing Education. Litwach, Lawrence, et al. Philadelphia: W. B. Saunders Co. 1972.

Academic standards in both general and nursing courses are set in keeping with norms of the college or technical institute. Although there is a wealth of applicants, qualified applicants may be limited in some areas. There is a need for screening devices which are not time-consuming, but which allow those able to profit from this education to pursue it. Concern relates to two questions:

1. Can the individual do the level of work for which the curriculum is designed?

2. Is the individual motivated to become a nurse?

FIRST YEAR

There should be no duplication of services or additional requirements. Faculty and administration of the educational institution continue to be interested in improving policies and procedures for screening applicants and admitting students. The integrity and success of the program are deeply influenced by the care taken in this process. Some of the tools used to determine student ability and potential include the following:

1. The high school transcript, showing ability to carry college preparatory work and grades of C or better in these courses, or as stipulated by the educational institution.

2. Certification of satisfactory health and required immunizations.

3. General indications of emotional fitness and personal aptitude. (Psychological tests are not screening tools. They should be administered only by a psychometrist or psychologist. Test data should be used only with skilled supervision, and then usually only for counseling rather than admission screening.)

4. Indications of academic ability. Commonly used tests are the American College Entrance (ACE) and the Scholastic College Abilities Test (SCAT), Additional tests may be given for reading, English, science, mathematics, or social science achievement evaluation. Usually, the required scores on these tests are modified by other evidence, such as the high school record, the applicant's age, and the combination of all scores if a variety of academic ability tests are used.

Schools work out a tentative minimum scale for the success of their own student group in lower division work and apply this scale with judgment. Realizing that this program is not intended to fulfill the needs of all students, selectivity based on the objectives of the program is essential.

SECOND YEAR

Students completing the First Year of the Nursing Education Options Curriculum may be admitted to the Second Year upon:

1. Completion of the curriculum with a 2.0 quality point average.

2. Recommendation by the faculty based upon satisfactory clinical performance.

3. Submitting evidence of satisfactory completion of chemistry and mathematics courses taken prior to entrance or prior to admission to the second year of the curriculum.

4. Evidence of completion of all community college or technical institute requirements for entry into second year nursing education courses.

ADVANCED STANDING

Advanced standing may be granted upon evaluation and recommendation by the nursing faculty. Credits from an approved or accredited educational institution must be submitted in transcript for the purpose of determination of standing. Chemistry, mathematics, sociology, psychology and human growth and development, along with biological sciences are basic courses which should be determined in the second year, prior to entering advanced nursing courses. Advanced standing in nursing courses can also be determined for students with nursing education experience. Each school is encouraged to write advanced standing policies and procedures.

GRADUATION

In order to be eligible for graduation, a student must complete all prescribed courses in which she is enrolled. Students should have a quality point average of 2.0 or better, based on the number of quality points earned divided into the number of credit hours attempted.

TESTING

In keeping with the philosophy and purpose of the Community College System, the purpose of the Nursing Education Options Program is to provide the opportunities for students to increase their knowledge, to develop needed occupational skills and proficiencies, and to continue their personal growth as citizens, contributing to both the economy and culture.

The tests used should be a simple testing plan that will indicate the academic potential of the prospective student and whether or not the student has the desired aptitude for this career choice. Desirable personal qualities will be needed to be determined in some other way.

The teaching staff assumes the responsibility for guiding students in developing their potential. The academic potential for achievement may be affected by motivation, physical and mental environment, or other factors.

It is essential to bear in mind that no one test will answer all questions about career objectives and predict the student's chance of success or failure. However, there is statistical information confirming the fact that a student's facilities for dealing with verbal and numerical symbols and relationships are indications of his ability to complete successfully the academic requirements of some programs.

The I.Q. test score is an index of general mental ability and is only a tentative indicator of academic potential; it must be confirmed by subsequent tests, such as a test that gives an index to a student's verbal and quantitative abilities. There are those students who have general mental abilities, but need developmental studies in academics in order to eliminate discrepancies in verbal and numerical achievements. This can be determined by nonverbal tests usage--thus, referring students to the learning laboratory who may later be eligible candidates.

The following screening for admission tests has been found useful for students applying for enrollment in nursing programs:

1. The SRA Nonverbal Test of General Mental Ability. A quick ten-minute test related to general intelligence may be used with both the very intelligent and the illiterate. On this test the applicant may score high in general intelligence, but score low in the verbal and numerical areas of the academic tests. An applicant making such score will

need further diagnostic tests and possibly developmental studies.

2. Kuhlman Anderson Test of Academic Potential (Booklet No. 1). This test reveals a score indicative of the applicant's academic I.Q. with sub-scores in verbal and quantitative abilities. It is an excellent tool for selecting the student with a quick grasp of situations and relationships for the nursing programs as well as selecting students for further diagnostic testing in the learning laboratories. The total testing time is approximately one hour. Combined with the SRA nonverbal test, it is considered to be a good admissions test.

Recommendations for usage, cut-offs, etc. for those applicants who wish to or intend to definitely complete the associate degree program:

The scores on the Kuhlman Anderson Test should be: Verbal ability 45% or above; numerical or quantitative 46% or above; total 90 or 74%. These scores would equate an I.Q. of 109 (above average .9 pt.).

The SRA Nonverbal score should be: Raw score 45 or above indicating a 70% or an I.Q. of 108-110; Stanine 6, above average work performance expected.

For the applicant who definitely plans to terminate her studies and training at the completion of the first year and practice as a LPN, the following scores are recommended as cut-off points:

Kuhlman Anderson Test: Verbal 36%; numerical or quantitative 37%; total score 73 or 51%. Indicator of I.Q. of 100 (average).

SRA Nonverbal: Total raw score 42 or 50%; I.Q. 100; Stanine 4 or 5 average work performance expected.

The above scores are being considered in view of the fact that the second year requires more complicated academic studies, advanced judgment, and initiative with the assuming of more responsibilities.

All applicants should be high school graduates or have passed the high school equivalency tests before acceptance to the program.

Applicants scoring below the above percentiles should be referred to the Developmental Laboratory for further diagnostic tests, and an appropriate plan made for the applicant in the areas in which he needs remedial work.

Further diagnostic tests recommended:

1. RFU (SRA) Reading for Understanding gives a grade level of reading comprehension. (An equivalent test may be utilized.)
2. Jastak Classic Arithmetic (or its equivalent) for placement in remedial arithmetic.

The other tests, such as the DAT, reveal similar scores, but take approximately 3 hours to get the same results.

A battery of tests is usually given in the school term preceding enrollment. These tests should emphasize academic ability, communication, and quantitative abilities. The results are often used in screening for admission to nursing.

Sometimes, because of other factors on the testing date, a student does poorly on the admissions test, and the remedial tests reveal no discrepancies; therefore, allow the student to enter the program on the basis of retesting in the learning laboratory.

Further rationale for choice of these tests for usage in this program:

1. Kuhlman Anderson Test of Academic Potential:
   a. The norms of this test were made by a sampling of high school students in southern states and New England states (N. C. - Robersonville and Wilmington).
   b. The scores obtained on this test compare favorably with I.Q. scores obtained on individual WISC--WAIS, and Stanford-Binet Scales.
   c. A screening devise used within a short period does not tire students out, or discourage them with hours of test taking. One manifestation of brightness is a quick grasp.
   d. Reveals subscores in numerical and verbal abilities which are helpful clues in placement and guidance.

2. SRA Nonverbal Test:
   a. A check on the academic I.Q. revealed by the Kuhlman Anderson test.
   b. A quick screening test of mental ability unaffected by academic achievement. (Abstract reasonability.)
   c. An additional tool for determining a student's potential.

3. For attitude tests, the Thurston Temperament is recommended. This test reveals temperament in the areas of dominance, vigor, sociability, emotional stability, and reflective thinking.

Tests and prices may be obtained from the Educational Testing Center, Chapel Hill, North Carolina 27514.

For further information about comprehensive guidance and placement tests, write to: Comprehensive Guidance and Placement, College Entrance Examination Board, 888 7th Avenue, New York, New York 10019, and read: "Comprehensive Guidance and Placement After One Year," Robert W. Trout, Sr. American Vocational Journal, October, 1971, pp. 25-26.

SUPPORTIVE SERVICES

COUNSELING AND ADVISING

The educational institution provides a professional counseling staff to assist students with academic and/or personal problems. This service is available to all students upon request. Individuals needing assistance should contact the counseling office for appointment. The counseling office and the nursing faculty work in coordinated relationships to assist students and for exchange of information and staff development.

Counselors or faculty representatives may assist potential students on "Career Day" in nursing and preenrollment counseling.

Counseling should be an ongoing process for improving the effectiveness of students. Faculty members should have open communication with the counselors in order to ensure a continuity of effective counseling following admission. Close contact with the nursing faculty affords the opportunity for students to use their teachers for guidance and counseling. Teachers have opportunities for getting to know students well and helping them with their problems and plans.

Educational advising is essential to this program. It includes counseling students as to what courses to take, evaluating and constructing career plans if a student is to transfer to a four-year college, and answering the many student questions concerning careers and courses. Many colleges assign each student a personal educational advisor. A second type of advising, career advising, includes helping students evaluate individual interests, aptitudes, and abilities to determine the career or career options of greatest interest to him. One of the basic questions is: Does the student wish to stop at the end of 1 or 2 years in order to secure employment or to go on to a four-year college? Knowledge for career advising must be kept up-to-date.

Employment advising is done by the college placement service, and is a function of this department. The nursing department often assists in securing employment for graduates.

The administrative plan concerning faculty advising should include a written, descriptive procedure for counselors and faculty. The routine should allow sufficient time to help each student know who his counselor is, where and how to obtain career education information and job placement information, and how to contact the teaching faculty.

Obviously, any advising takes considerable time. Therefore, all faculty should plan regular office hours when students may see them without appointment. Administration should include sufficient faculty advising time when planning the workload for instructors.

HEALTH

If a student appears academically eligible for admission, a health examination is required. Usually, a private physician examines students. Students should be made aware of other requirements of extended campuses on admission to the nursing program; e.g., nose and throat culture prior to obstetrical experience.

Health services vary among institutions. Some schools test sight and hearing and provide care only for emergency first aid to students. Others have active programs of health teaching, counseling, and student follow-up.

SCHEDULING

The programming of students is a factor which has a very important influence on the quality of their total education. One of the major advantages of educating nursing students in an academic setting is the opportunity to meet and work with students and faculty outside nursing. Yet, the very nature of the curriculum in nursing works against this unless care is taken. One solution is to work out the daily class schedules to place nursing students in general education classes. This may seem like extra work for the programmers, but quality education is the business of the institution and the benefits to students are obvious.

TRAVEL

Without sacrificing educational goals, schedule clinical practice and campus classes in a way that reduces to a minimum the number of trips between health agencies and the educational institution. Although most students have their own means of transportation, it may be wise to allow travel time by bus or public conveyance. One solution is to schedule students to begin clinical practice at the health agency and return to the institution for afternoon classes, limiting travel to one trip.

Another travel consideration is the question of afternoon or evening clinical experience, which is most likely to come up in seeking additional learning experiences. Bus or car pool may be helpful for providing group transportation both day and night.

SCHOLARSHIPS AND LOANS

Funds are administered through the educational institution. Recipients usually are recommended by the nurse faculty and counselors. Counselors offer advise on state, federal, and other methods of funding.

RECORDS

This responsibility relates to the needs of the educational institution, the licensing agency, and the clinical agencies and specific learning areas.

1. Academic Records. The record of the student's registration is the beginning of the final transcript. As work is completed, the records show course credits and grades. College policy regarding scholastic achievement is enforced by a review of records of student work. In the nursing programs, it is common to require a minimum grade of C for every course prerequisite to the next term's work. This means special processing of the nursing student's records, with notices sent to the nursing department's chairman of any D, F or incomplete grades. The student's final transcript is submitted to the Board of Nursing before the student is eligible to take the State Board Test Pool Examination for licensure. The records must be complete and clear and give evidence that all requirements were met for the associate degree as identified at the time the program was accredited.

2. Enrollment Data. Records of admissions, enrollment, graduation, and attrition should be kept for each class. These data will be requested by the legal and professional agencies and also will prove useful for individual program studies or total college studies.

3. Health Records. In addition to the initial health services which may be used during the screening process, there may be further need for the nursing program to:
   a. Follow-up on illnesses or recommended treatment which must be certified to for eligibility for clinical practice or employment.
   b. Keep records, including immunization records. If required, send proof of good health for safe clinical practice to health agencies.

4. State Board Test Pool Examination Records. These are important in evaluation studies of the total admission policies and the curriculum. Achievement scores in the State Board Test Pool Examination should not be used for comparative studies with other programs, since this tool is limited in its application to levels of success in nursing.

5. Biographical Data. Biographical data on students entering the Nursing Education Options Program should be gathered and maintained by the Student Services Department. These data are valuable in studies relating to recruitment, selection, and attrition. Helpful information to have on file may include: Age, marital status, sex, attractions of the program (length, cost, type, quality of program, and location), and major influence in selecting nursing program (family, friends, counselor, location, cost, and length).

ACTIVITIES

Nursing students should be encouraged to participate in student activities. This means giving attention to any conflicts that may result from the scheduling of clinical practice hours and the time of college assembly or club hours. Students of nursing are encouraged to join the student body association of the college and the local school chapter of the State Student Nurses' Association. They may become queen contestants or cheerleaders, play in musical groups or sing, serve as student body officers or council members, and often take leadership in college services activities. They may help raise funds for college projects and join social clubs.

Students in many schools have an active role in administrative and curriculum planning. As consumers of these services, students are encouraged to be on school councils. They may assist in evaluating the curriculum and in assessing their own learning experiences.

INSURANCE

Malpractice insurance is available through membership in the Student Nurses' Association and insurance companies. Schools usually require such insurance coverage in addition to the regular student accident coverage.

GRADUATES

The goal of the Nursing Education Program is to graduate competent nurses who can pass the North Carolina licensing examination, who are eligible to enter the world of work and/or advance their education. Each college should follow its own graduates in a variety of ways: by encouraging them to write back about their experiences; by talking with local employers; by observing graduates at work in the nearby hospitals; and by obtaining reports from patients, doctors, and other nurses. It is expected that each college will continue its own studies and develop further its own evaluation relationships and communications with employers and graduates. Information obtained from the follow-up of graduates may be used as a guide for curriculum evaluation.

LICENSURE

Graduates of the Program in Nursing take the standard licensing examination for nurse licensure. This examination is administered nationwide, and the questions used are submitted by selected teams of nurse-educators. The questions are edited, tested, and validated by a national research staff and reviewed by state boards of nursing. Standardized scores are developed by testing pilot groups of graduates before the examination is used for licensing purposes.

All states have specific requirements for licensure by endorsement. The trend is toward acceptance of graduates from any educational program in nursing who meet the education requirement rather than a time requirement.

FOLLOW-UP STUDIES

The faculty in nursing in coordination with the counseling and placement department accept the responsibility for follow-up studies as realistic bases for curriculum evaluation. The effectiveness of instruction is demonstrated not only by the knowledge and skills exhibited by the students, but also by the percent of graduates who alleviate the shortage of nurses by accepting employment as nurses and by their contributions to the health fields.

A characteristic of the nursing programs has been the development of a system of evaluation techniques and processes which has gone beyond the licensing scores and inquired into the performance of graduates as competent practitioners.

The follow-up studies will probably show some of the graduates continuing through the entire career ladder. Others may find employment fulfilling their abilities and desires directly after graduation. Some may work after graduation and then return to a college or university to fulfill the requirement for an advanced degree.

CHARACTERISTICS

Characteristics of Practical Nurse Graduates

The student completing the first year will:

1. Perform basic nursing procedures with safety and efficiency.

2. Recognize signs and symptoms by observation and appropriate techniques. Observe, report and record change.

3. Carry out a nursing plan with understanding of the rationale of the plan.

4. Begin to use self effectively in interpersonal relationships.

5. Know normal body structure, normal growth and development, and principles of physical and mental health in order to recognize deviations.

6. Practice the basic principles of nursing care and rehabilitation.

7. Recognize common illnesses in all age groups. Know the current methods of treatment employed in hospitals.

8. Know how to maintain one's own health and be able to advise others in regard to nutrition, cleanliness, and comfort measures.

9. Explain the purpose of drug therapy. Describe common drugs, their dosages, action, and safe administration.

10. Explain the roles of health agencies and disciplines.

11. Interpret the organizational patterns within which the LPN works and the legal basis for practice as a licensed practical nurse. Compare vocational, technical and professional preparation and practice.

12. Develop an appreciation of the worth of the individual and be able to apply this to self, associates, co-workers, as well as patients.

13. Demonstrate sufficient flexibility to be able to adjust without strain to changes in the work situation.

14. Exhibit habits of speech, dress, and personal grooming which reflect a sense of dignity and worth.

15. Develop ability to involve the patient/client in the prescribed therapeutic regimen.

16. Participate in community affairs, particularly those related to health.

17. Develop a personal philosophy which reflects credit upon nursing and is compatible with the code of ethics adopted by the national organization.

18. Develop habits of promptness and dependability.

Characteristics of Associate Degree Graduates

Graduates, given the opportunity to develop their potential, are prepared to:[1]

1. Participate with other members of the health team in rendering care to individuals.
2. Use principles from an ever-expanding body of knowledge.
3. Assess the individual's nursing needs.
4. Plan day-to-day care of individuals.
5. Select appropriate nursing measures with knowledge and precision.
6. Implement measures to alleviate distress.
7. Perform nursing and other therapeutic measures with a high degree of skill.
8. Evaluate the individual's reaction to therapy.
9. Supervise other workers in the technical aspects of care.

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[1] Council of Associate Degree Programs. "Characteristics of Associate Degree Education in Nursing." New York: National League for Nursing, 1973.

ATTRITION

Individual schools need to study the problem of attrition to determine what contributes most positively and negatively to their attrition rates. It is important to note that "reported" reasons given by the student may not always represent the real reasons for attrition.

Individual schools may find that an investigation of the amount of employment attempted by students who are failing will indicate some of the problems involved and point the way to a possible remedy. A large number of students work at least part-time, or are housewives and mothers; consequently, they often have problems in finding time to study. This results in scholastic failure as "reported" cause of withdrawal. If a large percentage of the causes of attrition is attributed to scholastic failure, the faculty might review admission screening, student's study habits, distribution of student load throughout the program, and the balance of academic demands with the educational objectives of the program. It may be, for some students, that apparent attrition is only an "interruption" because some students do return to nursing education and usually graduate. Likely causes for "interruption" seem to be those related to marriage, pregnancy, and family responsibility. Another "interruption" may be the result of a planned extension of the program due to personal reasons.

Since women tend to return to their career fields later in life when family needs change, it may be important to encourage those who leave the program to keep in mind a return as a future possibility and normal pattern.

IV. FACILITIES, EQUIPMENT, AND INSTRUCTIONAL AIDS

Supportive facilities are such a vital concern in programs on nursing education that they are also presented in other parts of this manual, such as Program Development (selection of agencies to be utilized), Contracts and Agreements (written statements of agreement), Faculty (clinical teaching), Curriculum (foci and areas of concern in selection of specific experiences for student learning), and Evaluation (evaluation of student performance in clinical settings - Appendix H).

PHYSICAL FACILITIES

Physical facilities include a library, classrooms, laboratories, conference rooms, offices, and noninstructional areas controlled by the educational institution and provided for the nursing program. The following guidelines may be helpful in planning and evaluating the nursing program:

1. Physical facilities provided by the educational institution are adequate in size, number, and type to meet the needs of the planned nursing education curriculum, the number of students enrolled, and the number of faculty.
2. There are definite policies for evaluating facilities in regard to housekeeping, painting, repair, maintenance, and elimination of all safety hazards.
3. Noninstructional areas, including storage, maintenance areas, rest rooms and lounges, are adequate for the number of students, faculty and staff.
4. Faculty, students, and staff should have access to emergency medical treatment within the educational institution.
5. Offices must be conveniently located and closely accessible to both faculty and students. There should be adequate space for:
    a. Clerical staff
    b. School files
    c. Appropriate equipment
6. The classroom and laboratory facilities are planned in regard to:
    a. Location
    b. Anticipated use
    c. Lighting
    d. Ventilation
    e. Equipment
7. The amount and kind of classrooms needed are dependent upon number of students, curriculum design, and methods and media utilized.

8. The actual floor area and design of the laboratory are dependent upon the nature of instruction and equipment and supplies to be used.

9. The conference rooms for faculty and students must be adequate in size to provide for group work and counseling.

10. The number and type of teaching aids are determined by the curriculum design and the method of implementation.

The college administration provides for resources and facilities needed by the unit in nursing and enables it to realize the benefits and its responsibilities commensurate with its place in the college organization. Every facility should be utilized to aid the learning process. Ideally, classes should be located in a centralized complex with classrooms near the offices of the instructors. Although classrooms, offices, and storage facilities require no special designs, many schools are unifying programs that are related to one generic care.

In addition to the traditional approach to new college architecture that includes good ventilation and lighting for classrooms with easy access to lavatory facilities, flexibility in design of walls and equipment is stressed. Movable partitions and portable equipment will give maximum usage. Conventional classrooms have desks that move easily for conference situations. Classrooms should provide ample space for projectors, recorders, and other teaching equipment. In addition, well-lighted blackboards, bulletin boards, adequate outlets for audiovisual and video-tape equipment, and projection screen should be provided in each room.

Within the complex there should be a special room, which is the student's own room. This should be large enough for meetings, displays and study. Such a room is useful for socialization, as it provides an opportunity for students to identify with each other and with their professions.

Each faculty member should have office space. Each instructor should have a desk, record file, cabinet or shelf for books, chairs for visitors, and telephone access. A waiting room or reception area could restrict access to staff offices and provide additional space for a secretary.

Space relationships are explored in a publication of the U. S. Department of Health, Education, and Welfare. Nursing Education Facilities. Publication No. 1180-F-1b. Washington, D.C.: Public Health Service, U. S. Department of Health, Education and Welfare, 1965.

Space also includes classroom, seminar, laboratory and storage facilities. Equipment would involve a basic hospital unit, facilities for running water (hot and cold), moulages, certain procedure trays, charts, movies and slides with equipment for projection.

In planning space for the program, consideration is given to its use in order to secure flexibility or adaptability. The nursing laboratory can be converted into a skill center where students may check out equipment from a central area for independent practice of nursing techniques. Students enrolled in the other paramedical programs might also use this skill center when faculties plan together for its utilization.

Space requirements for the nursing laboratory, faculty offices, classrooms, conference rooms, and storage will vary with the type of program and number of students. It is wise to obtain consultation regarding actual floor space needed and special needs in the nursing education program regarding physical facilities and equipment prior to final approval of blueprints or rental of building space.

CLINICAL FACILITIES

Available facilities exert a considerable influence on the kinds of experiences that are included in the curriculum. It is unlikely that any one hospital can adequately provide all of the necessary learning experiences, so more than one hospital is used. In providing adequate learning experiences, it appears logical to look beyond the hospital; convalescent hospitals, mental health clinics, day treatment centers, out-patient departments, and nursery schools can provide excellent learning experiences. Students must be prepared today to work in nursing tomorrow with all of its changes.

The limitations of clinical teaching resources may also affect the planning of the curriculum. If an agency is distant, for example, it may be necessary to offer clinical experience during a school term when students can live temporarily in a different location or have time to commute. Flexibility is suggested in meeting clinical practice requirements in some areas such as psychiatric nursing.

When the local clinical facilities are limited for clinical practice in some content area, special teaching techniques may be used, or the students may be assigned in small groups.

Some skills can be taught away from clinical facilities: vital signs, aseptic technique, use of equipment, and medication skills. Hospital instruction should be limited to those skills that require patient contact. Clinical assignments could be arranged so that clinical instruction is given by the faculty responsible for teaching the theoretical content.

When the program is put into operation and implemented, details become important. One example is the problem of clinical teaching on Monday. Student clinical learning experiences are obtained in a complex, rapidly changing hospital setting. Usually their assignments would be selected the previous day to ascertain that the assignments will be appropriate and the teaching situations available.

MAJOR CLINICAL LEARNING FACILITY

The clinical components of all nursing curricula demand a setting which provides experiences in care of medical, surgical, obstetric, and pediatric patients. In addition to these four clinical areas, all programs preparing students to become registered nurses must offer experience in the care of mentally ill patients.

1. The selection of the clinical facilities is based upon the nature of the nursing curriculum and the learning needs of the students.

2. The number and geographic spread of clinical facilties utilized by the nursing program are conducive to time schedules and expenditures of energy for both faculty and students for full achievement of the objectives.

3. Clinical laboratory learning experiences should be planned and directed by the nursing faculty.

4. The educational institution arranges via appropriate agreements for a variety of facilities to be used in implementing the curriculum in hospitals and other health and community agencies that are approved by the appropriate authorities.

5. The facilities utilized for student learning experiences:
    a. Contain a sufficient number and variety of patients to permit the provision of a reasonable breadth and variety of experiences for each student.
    b. Are staffed by qualified personnel at all levels and in sufficient numbers to meet the needs of the patients.

6. Qualifications of agency staff must provide an environment for students to observe safe practices and negligible restrictions for use.

7. The faculty should determine, select, and evaluate the facilities suitable for the purpose of the program.

Certain basic facilities in the clinical agencies are necessary to implement the kind of educational program that is typically found in a nursing education program. Included in these are:

1. Office space for instructors.

2. Lockers and locker room for students (to provide security for personal and educational supplies).

3. Space for patient area reference libraries.

4. Space for preconference and postconference sessions.

5. Access to medical and nursing educational materials.

The clinical agency should recognize that acceptance of responsibility and commitment for education and training includes an obligation not to use the student for service needs. The clinical agency adminstrative staff should plan and carry out an orientation program for their personnel in order to prepare them to accept students and faculty who come to the facility for clinical learning experiences and to accept as co-workers the graduates of the nursing program.[1] Desirable relationships between nursing personnel, faculty and students could be augmented by a coordinating committee.

The Joint Commission on Accreditation of Hospitals supports the following criteria for nursing services:

1. Be provided by "organized" staff responsible for professional performance of its members.

2. Be provided under qualified direction.

3. Be adequately staffed with registered nurses:
    a. To give specialized nursing care.
    b. To plan and evaluate nursing care.
    c. To supervise ancillary nursing personnel.

4. Be properly distributed in nursing care units according to preplanned, periodically evaluated nursing patterns.

5. Have specified organizational structure and decision-making mechanisms.

6. Have a manual of cooperatively developed nursing service goals.

7. Have a nursing care plan for each patient.

8. Have significant, accurate, and concise nursing records and reports.

9. Hold monthly staff meetings.

10. Have formal program for staff training and education to include orientation, inservice education, and continuing education. Professional books and current periodicals should be available to nursing service personnel. Suitable reference materials should be supplied for each nursing unit and special care areas.

For additional information, see the Accreditation Manual for Hospitals, Joint Commission on Accreditation of Hospitals, 875 North Michigan Avenue, Chicago, Illinois 60611. Other references useful for clinical agency evaluation are: Standards for Long-Term Care Facilities, Bimonthly Bulletin, and Federal and State rules and regulations.

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[1] Guide for Health Technology Planning. New York: National Health Council, 1967.

Other desirable adminstrative features and services of the health agency and staff that help assure a setting favorable for nursing education are determined by:

1. The hospital's role as a community agency.
2. Size of the institution and the scope of its service.
3. Accreditation and licensure by appropriate commissions.
4. Governing body and management by medical staff, board members, community representation, and others.
5. Organized dietetic services directed by qualified personnel.
6. Maintained and organized or suitably obtained pharmaceutical services directed by a professionally competent and legally qualified pharmacist.
7. Medical records services maintained for every patient.
8. Hospital based specialties such as anesthesia, pathology, radiology, nuclear, physical medicine services, blood banks, and emergency services.
9. Medical staff bylaws.
10. Other services as required by federal and state rules and regulations.

The presence of services other than medical and nursing are necessary for provision of comprehensive patient care. Some are:

1. Social service department.
2. Physical therapy department.
3. Occupational therapy department.
4. Rehabilitation facilities.
5. Central supply services.
6. Housekeeping services.
7. Ward clerks and messenger services.
8. Others as deemed necessary by health agency management.

SUPPLEMENTARY CLINICAL FACILITIES

The nursing education courses utilize and require a variety of community clinical learning experiences. Since nursing programs are not attached to one "home hospital" to achieve their objectives, the faculty has leverage to seek out varied learning experiences wherever they can be found.

Community health, safety and welfare agencies, nursing schools, public schools, physician's office, nursing homes, and extended care facilities are used for various aspects of the program.

RELATIONSHIPS WITH CLINICAL FACILITIES

Good rapport with representatives of clinical facilities requires considerable time and the use of positive methods of establishing interpersonal relationships and continuing communication. The college administrator and the nurse-adminstrator should anticipate and provide for the following:

1. Visits by agency personnel to the college and other agencies.
2. Similarly, college personnel benefit from visits to the cooperating agencies. For example, a college dean, by visiting the patient-care units, may better appreciate the orientation of new faculty to the agency and the daily routine associated with clinical teaching.
3. The nursing director should interpret the nursing education program to hospital personnel on all levels. The nurse-faculty member who teaches in a specific clinical unit could reinforce interpretation of the nursing education program.
4. Relations with an agency should be reviewed periodically by the program director, faculty, and administration.
5. College faculty should visit and confer with the staff of a new clinical agency or area before students arrive for clinical practice.
6. Results of follow-ups of employed graduates should be shared with hospitals cooperating in clinical education.

The faculty should be in the agency at the time the students are utilizing the agency for student learning experiences. The areas being utilized should be large enough and suitable to absorb the additional faculty and students without jeopardizing the functioning of the agency. The size of the facility is not as important as the number and sufficient variety of learning experiences necessary to implement the nursing component of the curriculum and achieve the established objectives.

The sources and resources chosen for clinical learning experiences need continuous evaluation. All agencies should be evaluated periodically. The advisory committee, faculty, students, and agency representatives can assist in evaluation that will emphasize strengths and eliminate weaknesses.

LIBRARY FACILITIES

The library facilities are readily accessible to students and faculty and must offer adequate resources and services, including:

1. Librarian(s).
2. Policies for selection and deletion of holdings.
3. A system of cataloging.
4. Current holdings representative of the planned curriculum.
5. Adequate space for study.
6. Adequate materials and equipment for study.

The library holdings are kept up-to-date by means of a periodic review by a committee making recommendations concerning acquisitions, materials to be discarded, and budget requests.

The library should be open at times other than the usual hours of instruction.

The nursing faculty members should participate in selection of additions to the libraries. They should also have access to library selections for enrichment.

Libraries are rapidly becoming multi-media learning centers or educational resource centers. Increasing education technology has put added demands upon the library. Although some audiovisual and related equipment is not housed in the library, the equipment is often used in connection with library materials.

A social services section of a library in a technical institute or community college should offer varied multi-media materials to the program. Especially, since the nursing program concentrates both on broad education and on-the-job skills and requirements, up-to-date books and magazines relating to the various careers should be within easy access. Paperback books are very popular with students. Since some of the students may lack academic skills, teaching helps should be available either in the departmental library or in the learning center. There should be developmental and programmed reading, spelling, mathematics and science materials in the library, with auto-tutorial and teaching machines available. The library or learning center may offer study carrels in which the student can study or use instructional materials, such as programmed learning; sound-film cartridges; tape recorders; teaching machines; video-tape recorders; pertinent recordings in the human services fields; and film strips, slides and transparencies. The multi-media center may have computer terminals with response units.

New media include sound-slide synchronized systems where sound and slide cannot be separated. Advantages accrue through ease and program preparation and allow revision and updating of program without recording an entire reel of tape. The random access of this system gives complete flexibility for playback, recording, self-instruction or classroom presentation. Faculty can create relevant programs with easily produced visual aids specific to their community.

The library, if used also as an audiovisual center, may provide separate rooms where films, either commercial films or closed circuit television and video-tape recordings of mini-courses and micro-teaching courses, can be viewed.

ERIC (Educational Research Information Center) micro-fische and equipment are important research devices, especially for the faculty. Information retrieval will continue to assume more importance as the vast body of knowledge in every field continues to increase.

The use of the library as a learning center with innovations in educational technology implies adequate organization and storage of mass media. Several technical institutes and community colleges may form consortiums to secure library materials in order to share different types of materials, as well as to share the costs.

Nursing programs have, for many years, been using films and filmstrips, recordings, and other audiovisual aids as an aid to learning. In a setting representing multiple programs, many of the educational activities carried on by one discipline can be of use to others.

THE LEARNING RESOURCE CENTER

In order to succeed in classes, students may need assistance in the areas of learning and study skills, basic skills in reading, spelling, report writing and arithmetic, notetaking, outlining, using the library, and reference materials. The learning center, along with a developmental program, provides this assistance.

The learning center is closely coordinated with the various academic and vocational departments of the college and the college counseling center. Operations within the center are generally divided into three catagories: (1) advanced media technology; (2) multi-media programs; and

(3) tutorial services. The advanced media technology consists of auto-tutorial teaching machines, small listening centers, developmental reading machines and single concept eight millimeter cartridge viewers. The multi-media program is composed of developmental self-instruction sets in areas such as reading comprehension and retention, mathematics, sciences, social sciences, and so forth. The tutorial services often provide teacher assistants and counselor aides.

EQUIPMENT AND TEACHING AIDS

The amount and kind of equipment and teaching aids will depend upon the equipment available through other programs in the educational institutions, the curriculum design, and equipment available for student instruction in clinical facilities. The director and faculty should work with the appropriate administrative personnel in selecting and procuring adequate equipment. Equipment in clinical practice sites should be inventoried and studied for relevant use.

EQUIPMENT AND SUPPLIES

A listing of equipment for each individual curriculum is provided each institution in the Community College System. It is recognized that local conditions sometimes may cause institutions to consolidate certain curricula into a combined or a modified offering in which equipment and other materials are shared with other departments.

The following equipment lists support the Nursing Education Options Program: (1) Code No. 124 - Nursing Practice Laboratory; (2) Code No. 20 - Biology, Anatomy, Physiology and Microbiology; (3) Code No. 22 - Biology Laboratory, including Preparation and Storage; (4) Code No. 28 - Chemistry Laboratory - General; (5) Code No. 30 - Chemistry - Organic; and (6) Code No. 71 - First Aid and Safety.

Administrative memos relating to equipment purchasing and inventory in the Community College System are helpful in making decisions for establishing a budget and for purchasing and maintaining equipment.

It is recommended that a school policy and a system for emergency purchases to assure acquisition of instructional supplies and equipment repairs within a reasonable length of time to support continuous instruction is made available to all faculty members. This is beneficial in making adjustments in the program, since large numbers of students are involved and student learning opportunities do not always occur sequentially as planned.

The Nursing Practice Laboratory and a partial Audiovisual Aid Equipment List are included in the Appendix. Other equipment lists may be obtained by writing to Program Development, Department of Community Colleges, State Board of Education, Raleigh, North Carolina 27611.

TEXTBOOKS AND MATERIALS RESOURCES

Textbooks for the major areas of instruction are chosen by the educational institution for purchase by the student. Choice of textbooks is carefully considered by the teachers in the program for purchase by the appropriate administrative officer. Each school may order textbooks in keeping with its curricula objectives.

Many free materials are available through drug firms and from educational magazines. "Health Education Materials and the Organizations Which Offer Them" tells where to get materials on child care and developments, family life, education, health, mental health, recreation, rehabilitation, etc., published by Health Insurance Institute, 277 Park Avenue, New York, New York 10017 (free).

The Minnesota Resource Center for Social Work Education (731 21st Avenue South, Minneapolis, Minn. 55404) has inexpensive curriculum materials, recordings, video tapes, printed materials (for example, on family planning, counter culture, advocacy), plus a number of bibliographies and an excellent annotated list of films.

A comprehensive listing of all new nursing books and latest editions of all publishers can be obtained from: MAJORS SCIENTIFIC BOOKS, INC. at the following address:

8911 Directors Row, Dallas, Texas 75247
147 S. Liberty, New Orleans, LA 70112
6632 S. Main, Houston, Texas 77025
139 Forrest Avenue, Atlanta, GA 30303

The following topics were listed for 1972-1973:

I. New Books
II. Administration
III. Anatomy and Physiology
IV. Chemistry and Physics
V. Communication
VI. Dictionaries and Terminology
VII. Diet and Nutrition
VIII. Dosage, Solutions and Mathematics
IX. Emergency and Disaster Nursing
X. Fundamentals of Nursing
XI. Gynecology
XII. History and Biography
XIII. Intensive Care and Recovery Room
XIV. Journals
XV. Medical Nursing
XVI. Medical and Surgical Nursing
XVII. Microbiology and Pathology
XVIII. Nursing Education
IXX. Obstetrics
XX. Pediatrics
XXI. Pharmacology and Therapeutics
XXII. Professional Orientation and Ethics
XXIII. Psychiatry and Neurology
XXIV. Psychology
XXV. Public Health and Hygiene
XXVI. Reviews and State Boards
XXVII. Sociology
XXVIII. Surgical Nursing
XXIX. Urology
XXX. Vocational and Practical Nursing

Information about discounts allowed to schools of nursing and transportation charges is available. Nursing, medical and dental catalogs are also available. Programmed texts are included in this listing.

Catalogs and Specialized Publications

American Association of Junior Colleges, One Dupont Circle, N. W., Washington, D. C. 20036.

American Public Welfare Association, 1313 East 60th Street, Chicago, IL 60636.

California Interagency Council on Family Planning, 1760 Solano Avenue, Room 204, Berkeley, CA 94707.

ERIC (Educational Resources Information Center) (A clearinghouse for information on educational activities throughout the United States. Usually in state university libraries.)

Institute of Gerontology, The University of Michigan, 309 S. State Street, Ann Arbor, Michigan 48104.

National Advisory Committee on Vocational Education, Regional Office Building #3, Room 5022, 7th and D Streets, S. W., Washington, D. C. 20202.

National Association for Mental Health, 10 Columbus Cirlce, New York, NY 10019.

National Association of Human Services Technologies, 1127 11th Street, Sacramento, CA 95814.

National Council for Homemaker-Home Health Aide Services, Inc., 1740 Broadway, New York, NY 10019.

National Council on Crime and Delinquency, 44 East 23rd Street, New York, NY 10010.

National Federation of Settlements and Neighborhood Centers, 232 Madison Avenue, New York, NY 10016.

National League for Nursing, 10 Columbus Circle, New York, NY 10019. (Practical, associate degree, baccalaureate and career ladder education and accreditation and other education information.)

National Rehabilitation Association, 1522 K Street, N. W., Washington, D. C. 20005.

U. S. Government Materials

The U. S. Government has teaching and resource materials (often free or below cost), that may help in curriculum planning, new careers, etc. Two useful publications are Catalog of Publications, Department of Health, Education and Welfare (The Office of Public Affairs, 330 Independence Avenue, S. W., Washington, D. C. 20201, 1972 Edition), and Guide to Personnel Assistance for State and Local Governments, Institutions of Higher Education, U. S. Civil Service Commission (Supt. of Documents, U. S. Government Printing Office). This includes information in fields of public health, community development, juvenile delinquency, law enforcement, public assistance, rehabilitation, and others, and describes programs and ways that the federal government can be of assistance.

The U. S. Government Printing Office, Washington, D. C. 20402, lists general topics not covered in the above publications. Free catalogs for specific topics may be obtained upon request.

Materials are also available from the following:

Community Services Administration, Social and Rehabilitation Service, HEW, Washington, D. C. 20201.

Public Health Service, Health Services and Mental Health Association, HEW, 5600 Fishers Lane, Rockville, Maryland 20852.

Social and Rehabilitation Service Publications, Distribution Center, Room G-115-B, HEW South Building, 330 C Street, S. W., Washington, D. C. 20201.

General Resources

Adminstration on Aging, HEW, Social and Rehabilitation Service, Washington, D. C. 20204.

Bureau of Education Personnel Development, Career Opportunities Program, U. S. Office of Education, 7th and D Streets, Washington, D. C. 20202.

Far West Laboratory for Educational Research and Development, 1 Garden Circle, Hotel Claremont, Berkeley, CA 94705.

Health Services and Mental Health Administration, HEW, Washington, D. C. 20201.

National Institute of Mental Health, Public Health Service, HEW, 5600 Fishers Lane, Rockville, MD 20852.

National Technical Information Service, U. S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22151.

New Careers Development Center, Dr. Frank Riessman, Director, 184 Fifth Avenue, New York, NY 10010.

Public Health Service, National Institutes of Health, HEW, Bethesda, MD 20014.

Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402.

The W. E. Upjohn Institute for Employment Research, Dr. Sidney A. Fine, 1101 Seventeenth Street, N. W., Washington, D. C. 20036.

University Research Corporation: National Institute for New Careers, 4301 Connecticut Avenue, N. W., Washington, D. C. 20008.

Veterans' Adminstration, Washington, D. C. 20201.

V. CURRICULUM

CURRICULUM DEVELOPMENT

The Nursing Education Options Program of instruction enables a student to move vertically or horizontally within nursing education programs in the North Carolina Community College System. Instruction must be high level throughout the system wherever vertical and horizontal articulation is utilized. This quality base makes possible the granting of credit for previously acquired knowledge and skills.

1. Vertical is progression upward from one level of nursing education to another (ladder concept).
2. Horizontal is transfer from one nursing education program to a nursing program in another institution.

The model curriculum was developed to fulfill the needs and objectives heretofore presented for the Community College System's requirements for graduation, and the State requirements for eligibility to write the nurse licensing examination.

As the curriculum in nursing education develops, it becomes characteristic of the educational institution, the faculty, the students, and the community it serves. No two curriculums are expected to be exactly alike, although all should observe the general guidelines and all meet the requirements set by State laws and regulations. A stereotyped curriculum would smother creativity and violate the philosophy of the Community College System. Individuality indicates the strength and versatility of the programs of nursing in a local setting. The one characteristic all nursing programs share is individuality. It is expected that each NEO program will develop in a particular educational institution with individuality and resources, faculty skills, and administrative philosophy, to serve a particular community. The program in nursing education will reflect these unique aspects of these settings. This is one factor which has contributed to the strong growth and success of both practical and associate degree nursing programs in the past. Although each program is tailored to the philosophy and objectives of the educational institution within which it develops, certain characteristics are common to all nursing education programs.

The guidelines presented in this manual were developed for establishing new Associate Degree Nursing Programs with special attention to career articulation. This curriculum was designed with specific objectives in mind and this manual was developed as a means to those ends. Guidelines do not contain all the information an administrator needs to know, but they can list areas of concern that may serve as a checklist in planning appropriate action. The topics covered in this manual were identified as areas of concern to many who have expressed the desire to establish a nursing education program which has been planned and organized for career articulation. While these guidelines suggest one means to this end, it is expected that each educational institution will adapt its offerings to meet local needs.

The Surgeon General's report is valuable in estimating the need for expansion of nursing program - Toward Quality in Nursing: Needs and Goals. Report of the Surgeon General's Consultant Group on Nursing. Publication No. 992. Washington, D.C.: Public Health Service, U. S. Department of Health, Education, and Welfare, 1965. The administrator of the educational institution may want to relate this report to the preparation of nurses in his own community. It will help him to answer the following questions:

1. Are the needs of the future considered in the present education plan?

2. Is expansion of present programs more feasible than the establishment of a new program?

3. What type of program is best suited to the community?

These questions indicate the importance of preliminary studies in the development of a NEO program in nursing education.

The NEO program is but one possible approach to the development of a career mobility curriculum. It attempts to identify common objectives, goals, and principles which provide a common framework of ethics, knowledge, and skills which can be adapted to meet the individual needs of the local situation. Guiding the curriculum is the core of any successful innovated program and takes careful planning, sharing, selecting, and evaluating by a planning group. The planning group identifies basic education objectives and course content, knowledges, practice principles and skills. Each course complements other courses in the curriculum sequence and forms an ascending foundation for more advanced courses.

Curriculum planning for the NEO program includes consideration of the following basic questions:

1. Should the curriculum be designed for specific levels in nursing or for a more general educational experience? It should be recognized that obsolescence occurs rapidly as occupational requirements and knowledge bases change and that specific content may be identified as necessary and basic in the education of practical and registered nurses.

2. Should the program be designed as a specific foundation for baccalaureate education and include the nurses aide training? It should be recognized that several occupational options are closely related, but that the primary objective should relate to those nursing education programs within the Community College System's responsibility (PNE through ADN) and should be open-ended to allow for articulation with quality for continuing to a higher level program. Many students have not committed themselves to any one level and/or have changes in career goals before attaining a pragmatic level of functioning.

3. What are the knowledges, abilities, and skills that should be the goals of student learning? Both the associate degree nurse and the practical nurse need the ability to assess objective facts: e.g.,to recognize the client's degree or wellness or illness, to reach

appropriately within his legal role and his education preparation, and to give assistance through practical services and skills. The associate degree nurse also needs leadership abilities to interpret situations and policies, to utilize various and numerous resources in planning and implementing services, and to evaluate results.

4. How should the curriculum be modified as changes occur and/or local needs vary? No one actually knows what changes will occur in nursing practice or what specific local needs need to be met - only that change is certain. The trends for the next few years may include:
    a. New job classifications and services, not yet identified.
    b. The necessity to deal with an increasing complexity in organization, administration, and delivery of health care and maintenance. Because of the growth of population and urbanization, an increase in governemnntal regulations and governmental involvement with individuals seems inevitable.
    c. A more realistic and pragmatic clustering of tasks appropriate to various occupations and for various levels of workers within the occupations.
    d. An increase in the amount of technology and knowledge available for health care and health maintenance service education. Experimentation and research continues to expand both areas in depth and breadth.

The thrust of focus for this program includes provision for practical nurse education through associate degree nursing, with open ends to allow for expansion and articulation with quality for continuing to the senior college level with advanced placement.

While these programs should be designed for associate degree graduates, the options for licensure as a practical nurse would be possible after the successful completion of the first four quarters. The associate degree would require successful completion of the two-year program and should prepare the graduate for registered nurse licensure by examination or entry into a senior college program for continuing education.

NEO guidelines should subscribe to the premise that the qualified person is not locked in at any point of spinoff or termination, but has the right of transfer and reentrance, credited for achievement satisfactorily completed.

The program of study consists of three types of learning experiences or courses which expose the student to norms of the nursing profession and provides for the acquisition of basic knowledge, skills, and values exemplified by the nursing profession:

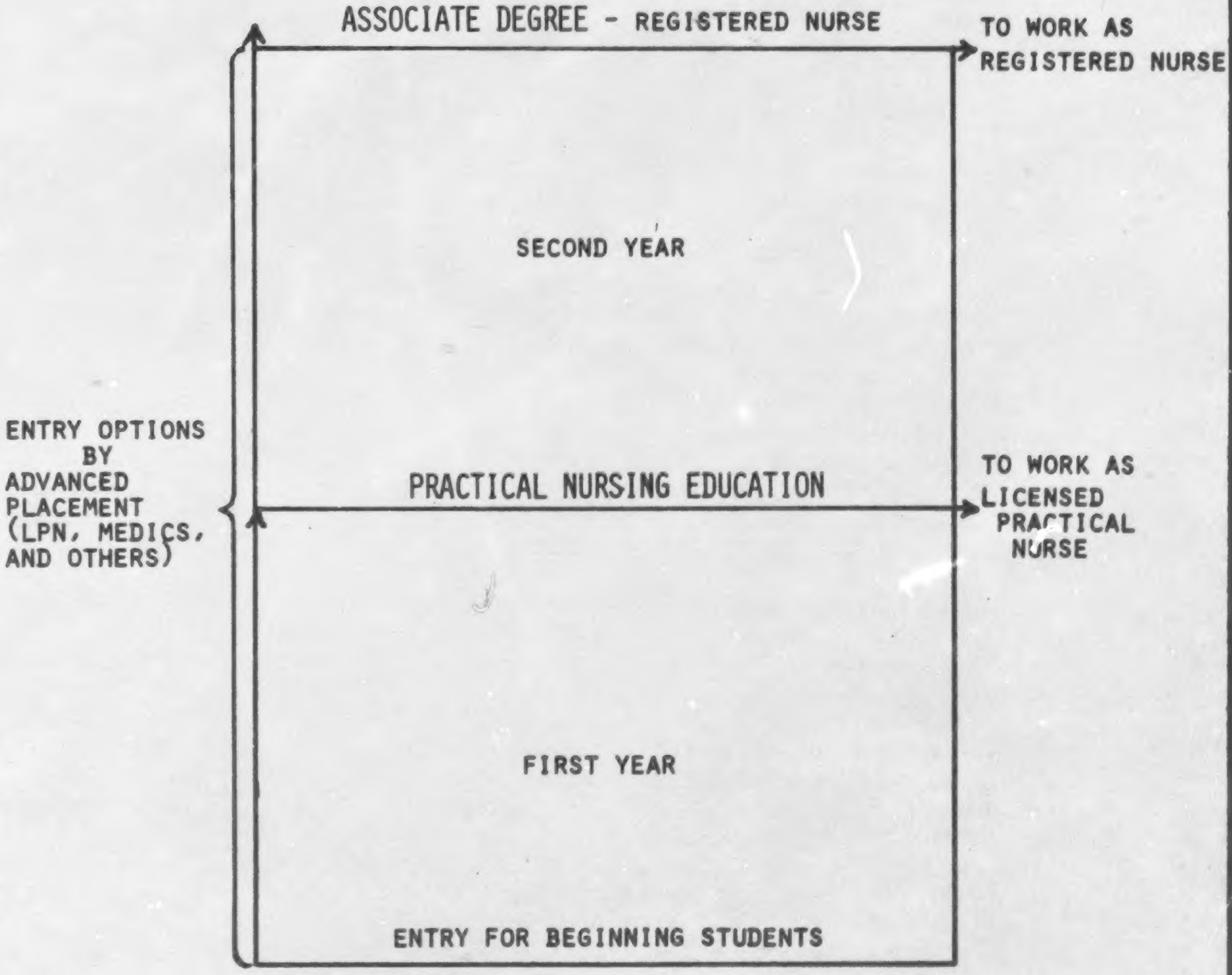
1. Nursing courses relevant to job requirements.

2. Supporting biological, social and behavioral science courses.

3. General education courses required for the associate degree.

The supporting courses ideally have course content which is directly related and useful to the occupational experiences. Although the supporting and general education courses contain the knowledge and skills helpful to the student for self-fulfillment and occupational fulfillment, they also contain content which should allow for transfer credit. Courses offering the knowledge, skills and techniques basic to safely and legally meeting the primary needs of man are suggested for the first four quarters plus supporting social science and general education courses. The second four quarters offer more complex nursing and supporting courses which meet the requirements for the associate degree, or for advanced study if desired. Options for advanced placement may be made by the student and the individual institution offering the program.

ADVANCED PLACEMENT


ASSOCIATE DEGREE - REGISTERED NURSE
TO WORK AS REGISTERED NURSE
SECOND YEAR
ENTRY OPTIONS BY ADVANCED PLACEMENT (LPN, MEDICS, AND OTHERS)
PRACTICAL NURSING EDUCATION
TO WORK AS LICENSED PRACTICAL NURSE
FIRST YEAR
ENTRY FOR BEGINNING STUDENTS

NURSING EDUCATION OPTIONS

The planning of a curriculum in nursing education in the Community College System is not entirely elective and original; certain required components form a basic framework:

1. State law requires certain courses for citizenship development and personal growth. The Department of Community Colleges must be contacted for approval of any new program. Consultation and helpful guidelines are available.

2. The Board of Nursing serves as the legal accrediting agency for nursing education programs. Graduation from an accredited program in nursing education is a prerequisite for writing the State Board Test Pool Examination for licensure. Therefore, basic nursing programs must be officially approved by the Board of Nursing prior to the admission of students. The legal requirements for accreditation are stated in General Statutes of North Carolina, Chapter 90, Article 9. Statements of law and standards regulating nursing education may be acquired from the Board of Nursing. Consultation for developing programs is available through Board of Nursing staff. There is no fee for educational consultation and services from the Department of Community Colleges or the Board of Nursing.

3. The local educational institutions have some basic graduation requirements for earning the diploma and/or the associate degree. The same process of curriculum approval is followed for the nursing education curriculum as for all college curriculums. The faculty in nursing is oriented to the steps and regulations of curriculum approval and the resource persons available. The faculty develops the initial general plan, confering with the appropriate resource persons.

Within these requirements, the NEO program in nursing education developed. The curriculum expresses philosophy and objectives which are an extension of those of the advisory committee. The curriculum provides a logical sequence, sets a reasonable student load for each term, and provides for effective use of teaching personnel.

Throughout the curriculum, basic threads of content are interwoven vertically and horizontally in a systematic body of ideas and activities which are expanded continuously into larger and more meaningful experience. Simply stated, this means that: (1) the learning experiences of tomorrow, next week, and next month are planned so that they reinforce those that are provided for today and this week; (2) learning experiences of this semester build upon those of last semester, but go more deeply and broadly into the subject so as to produce a deeper and broader understanding and increased skill on the part of the student; and (3) the learnings in one area of instruction are related to and interdependent on the other areas of learning that the student is now engaged in.[1]

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[1] Lorretta Heidgarken. Teaching and Learning in School of Nursing. 3rd ed. p. 265. Philadelphia: J. B. Lippincott Company, 1965.

The length of the NEO program and the total credits in the nursing curriculum are consistant with the general requirements for the associate degree. The first four quarters of the curriculum include the experiences considered essential for entry into nursing practice as a licensed practical nurse.

There is a balance between general education and nursing education. Chemistry and biology are included in the science courses where applicable. Math and English placement is determined by testing. High school math equivalents are required for entry into the program and English 101 or its equivalent is prerequisite to entry into the second year level.

Sociology is presented as a first year course because it focuses on group behaviors and interactions which influences and reinforces medical-surgical content for both levels as well as student adjustments during the transition periods the student inevitably faces. There is reinforcement and escalation of sociological principles within the second level nursing courses as the student learns to practice in various group situations and works with relevant groups in the delivery of nursing care.

Aspects of emotional support, health teaching, rehabilitative methods, and understanding of the disease process and pathology are included in the first year and are built upon with reinforcement and escalation throughout the second year.

Communication skills are introduced in nursing fundamentals, developed in English and psychology and gradually reinforced throughout the entire course of study. Psychology is taught in the first year because its foundation material is needed for the sequential development of psychological principles in ensuing quarters.

Nutrition and pharmacology are offered as separate courses to provide a basic foundation of principles necessary for understanding the concepts of diet therapy and drug therapy integrated into the nursing courses which follow.

Maternal and child nursing is offered as a transition course on both levels. On each level, it is presented with a two-fold purpose. On the first level, it provides the foundation for the basic nursing care of mothers, infants and children. The second level incorporates more advanced concepts of maternal and child nursing.

Although mental health concepts are incorporated into the theory from the beginning, a psychiatric nursing experience which provides for the care of hospitalized patients is considered essential.

Clinical nursing experiences continue through the eight quarter curriculum.

Organization throughout the curriculum focuses on understanding human needs during illness as they require the involvement of the nurse. Common human needs include food; rest and sleep; elimination; personal hygiene; comfort; exercise; communication; emotional experience and expression; and intellectual, esthetic, religious, and recreational activities. The role of the nurse in helping patients to satisfy these needs during a time when they are partially or entirely dependent is emphasized.

At each level of the curriculum, clinical experiences must be designed to challenge the student in keeping with the theoretical components of the courses offered previously and concurrently.

The laboratory component of each nursing course provides experiences through which nursing students are guided in assessing needs of patients in planning nursing care designed to deal with identified needs.

The instructional approach for the second year strives to help the student develop self-motivation and self-instruction habits as concepts are presented with the underlying principles recognized.

The study of man begun in the first year intensifies and the student is expected to synthesize and integrate ideas from all courses and to develop a greater understanding of man when he faces stress. The student learns that man must respond as a unified whole which necessitates planning and implementing health care for the total human unit and not isolated parts of that unit.

SUGGESTED CURRICULUM BY QUARTERS

FIRST YEAR

Course Title		Hours Per Week			Quarter Hours Credit
		Class	Lab	Clinical	
FIRST QUARTER					
NSG 101	Fundamentals of Nursing	6	6	0	9
BIO 102	Basic Life Sciences	4	2	0	5
PSY 110	General Psychology	3	0	0	3
NSG 106	Nutrition and Diet Therapy	3	0	0	3
ENG 101	Grammar	3	0	0	3
		19	8	0	23
SECOND QUARTER					
NSG 102	Maternal and Child Nursing I	8	0	15	13
NSG 107	Pharmacology	3	0	0	3
PSY 120	Human Growth and Development	5	0	0	5
		16	0	15	21
THIRD QUARTER					
NSG 103	Medical-Surgical Nursing I	9	0	18	15
SOC 101	Sociology	3	0	0	3
		12	0	18	18
FOURTH QUARTER					
NSG 104	Medical-Surgical Nursing II	8	0	24	16
NSG 105	Nusing Seminar	2	0	0	2
		10	0	24	18
	Total Hours - First Year	57	8	57	80

SECOND YEAR

Course Title	Hours Per Week			Quarter Hours Credit
	Class	Lab	Clinical	
FIFTH QUARTER				
NSG 202 Maternal and Child Nursing II	5	0	15	10
BIO 202 Human Anatomy & Physiology I	4	2	0	5
BIO 206 Microbiology	2	2	0	3
	11	4	15	18
SIXTH QUARTER				
NSG 206 Psychiatric Nursing	6	0	15	11
BIO 203 Human Anatomy & Physiology II	4	2	0	5
PSY 226 Abnormal Psychology	3	0	0	3
	13	2	15	19
SEVENTH QUARTER				
NSG 203 Medical-Surgical Nursing III	6	0	18	12
ENG 102 Composition	3	0	0	3
	9	0	18	15
EIGHTH QUARTER				
NSG 204 Medical-Surgical Nursing IV	6	0	18	12
NSG 205 Nursing Seminar	3	0	0	3
ENG 103 Report Writing	3	0	0	3
	12	0	18	18
Total Hours - First Year	57	8	57	80
Total Hours - Second Year	45	6	66	70
Total Hours for Program	102	14	123	150
General Education Credit Hours				44
Nursing Education Credit Hours				106

COURSE DESCRIPTIONS BY QUARTERS

FIRST YEAR

FIRST QUARTER	Hours Per Week Class	 Lab	 Clinical	Quarter Hours Credit
NSG 101 Fundamentals of Nursing	6	6	0	9

Designed as the foundation of all subsequent courses in nursing. Orients the student to nursing, to the concept of wellness, and to the patient and his environment. Focuses upon principles and techniques required by the nurse in meeting the health needs of patients. Presents principles of body mechanics, medical and surgical asepsis, and other fundamental nursing functions. Nursing care planning, recording, observing, and communicating skills are introduced. Although the emphasis is on basic nursing care, the student is taught to approach the patient as a person with psychological, social, physical, and rehabilitation needs. Safe nursing procedures are emphasized throughout. The learning center, nursing laboratory, and local hospital are used for directed clinical practices.

	Class	Lab	Clinical	Credit
BIO 102 Basic Life Science	4	2	0	5

A study of the normal structure and related functioning of the human body, with man identified as a living organism composed of living cells, tissues, organs, and systems. The normal body is studied as a basis for understanding variations from the normal and man's need to maintain homeostasis. Included are the skeletal, muscular, digestive, circulatory, respiratory, urinary, reproductive, endocrine, integumentary and nervous systems, and the special sense organs. Elementary principles and concepts of chemistry, microbiology, and physics are presented with the emphasis on the application of these principles to the relationships between structures and functions of the normal human body. Encompasses bacterial anatomy, physiology, and immunology in laboratory portions, with relevant experiments to augment the student's learning of body structures and functions.

	Class	Lab	Clinical	Credit
PSY 110 General Psychology	3	0	0	3

An introduction to the principles of human behavior. Includes a brief history of psychology as a science, basic psychological processes, personality and social behavior, contemporary knowledge of motives, intelligence, learning and emphasis on methods of communications and the understanding of self and others. The beginning concepts of approaches that are therapeutic in the people relationship are presented.

	Class	Lab	Clinical	Credit
NSG 106 Nutrition and Diet Therapy	3	0	0	3

Presents practical study of nutrients, how they are used by the body, sources and types of food necessary for the balanced diet in developmental and ethnic variations. Physiological processes of digestion, absorption, and metabolism are discussed. An introduction to the most commonly used hospital diets is included.

ENG 101 Grammar 3 0 0 3
Designed to aid the student in the improvement of self-expression through writing. Emphasis is on grammar, diction, sentence structure, punctuation, and spelling. It is intended to stimulate students in applying the basic principles of English grammar in their day-to-day situations in industry and social life.

SECOND QUARTER

NSG 102 Maternal and Child Nursing I 8 0 15 13
Presents the physiology and nursing care of the woman during normal antepartum, labor, delivery and postpartum, with a survey of possible complications; and the needs of the normal newborn. Introduces the student to the etiology, treatment, and nursing care of common disorders and illnesses that affect the infant, child, and adolescent. Objective-centered clinical practice sessions will be planned, using the pediatric and obstetrical units of local hospitals and selected patients. Development of patient care plans is emphasized. Observations of labor and delivery are provided and experiences in selected clinics are planned to stress the scope of maternal and child health care.

NSG 107 Pharmacology 3 0 0 3
Presents the student with facts concerning sources, effects, legalities and usage of drugs as therapeutic agents. Conversion between systems, prescriptions of medications, drug classifications and nursing implications are covered. Emphasis is placed on the nurses' responsibilities in relation to drug administration. Prepares the student for the process of administering and computing dosages of drugs. Practice opportunities are provided in classroom and clinical learning experiences.

PSY 120 Human Growth and Development 5 0 0 5
A study of the basic principles of physiological and psychological growth states of the child from conception through adolescence. Emphasis is on personality development presenting Erickson's and Freud's personality theories, nature vs. nurture theories, and influences of family size and structure.

THIRD QUARTER

NSG 103 Medical-Surgical Nursing I 9 0 18 15
Provides beginning knowledge of the nursing care of patients with common problems caused by illness. Symptoms of illness, classification of diseases, pre and postoperative care, long-term illness and rehabilitation are included. Nursing needs of the patient with disorders and/or diseases of the cardiovascular and respiratory systems are stressed. Principles relating to care of the patient with long-term illness, in geriatric situations, during rehabilitation nursing, as well as the patient with cancer and the dying patient are studied. Objective-centered clinical learning

experiences are planned on selected patients in the medical-surgical units of the hospital. Additional learning experiences are planned in the emergency room, operating room, recovery room, nursing homes, intermediate and extended care facilities, and other agencies to meet stated objectives.

SOC 101 Sociology 3 0 0 3
A study of basic sociology principles and of the basic process of group behavior. Includes the study of social interaction, family and group life, social institutions, status and role, culture, population, structure and change, and community structure, both urban and rural.

FOURTH QUARTER

NSG 104 Medical-Surgical Nursing II 8 0 24 16
The study of illness in body systems includes etiology, diagnosis, treatment and nursing care. Communicable diseases of the adult as well as disaster and emergency nursing are included. Patient teaching and rehabilitation are stressed as intrinsic aspects of the nursing process. Objective-centered clinical learning sessions are planned in medical-surgical units of local hospitals, with additional learning experiences planned in the emergency room, operating room, recovery room, and intermediate and extended care facilities. Functioning as a member of the nursing team and the utilization of all health team members to promote and achieve total patient care are important aspects of this experience.

NSG 105 Nursing Seminar 2 0 0 2
Comprehensive presentation of the nurse's legal and ethical responsibilities, standards of nursing, nursing organizations, and job opportunities are stressed. The Nurse Practice Act in its relation to legal practices and licenses is examined. The responsibilities and roles of the practical and associate degree nursing, together with the history of nursing, are emphasized. Continued education to improve competencies in nursing is also emphasized.

SECOND YEAR

FIFTH QUARTER

NSG 202 Maternal and Child Nursing II 5 0 15 10
A study of nursing intervention during the maternal cycle, including intensive care of premature infants. Emphasis is placed on family-centered care and health teaching, and recognizing deviations from the normal. Planning nursing care for group or individuals by utilizing cognitive, judgmental, and manipulative skills, and from knowledge acquired through related courses is stressed in implementing the nursing process. Nutrition, pharmacology, history, and legal aspects of nursing course content are integrated into clinical experiences for safe, effective nursing care which includes psychological, social, and emotional aspects of obstetrical and pediatric nursing practice. Objective-centered learning experiences are planned in clinical and community facilities.

BIO 202 Human Anatomy and Physiology I 4 2 0 5
A study of basic bodily functions, including chemistry and physics of the human organism. Emphasis is placed on interdependence of the various systems to total body functioning and homeostasis.

BIO 206 Microbiology 2 2 0 3
A study of microscopic units of the human body as well as microorganisms. Emphasis is placed on the etiology of pathogens, with special considerations given to pathogenicity, virulence, resistance control, and immunity.

SIXTH QUARTER

NSG 206 Psychiatric Nursing 6 0 15 11
A study of the nurse's role in functioning therapeutically and in individual interpersonal relationships with the mentally ill patients who require hospitalization at some point during illness. Emphasis is placed on cognizance and utilizations of self as a therapeutic agent, identification of personality, and behavior deviations. Objective-centered clinical experiences are planned in acute care facilities, local mental health clinics, alcoholic rehabilitation centers, and other related agencies. Concepts acquired in all other courses will be emphasized in class and clinical situations to enhance synthesis and integration of the psychiatric components in nursing education.

BIO 203 Human Anatomy and Physiology II 4 2 0 5
The study of structure and functions of the human body is continued. The pathophysiological dynamics concerned with the processes that bring about disruptions of normal physiology and the various ways in which disruptions manifest themselves as symptoms, signs, and physical and laboratory findings are emphasized.

PSY 226 Abnormal Psychology 3 0 0 3

An introduction to behavior pathology - descriptions, dynamics, and modifications of abnormal behaviors, including neuroses, psychoses, and character disorders. Psychosomatic reactions are included as well as the behavior modification approaches to each disorder. Mental health maintenance is stressed.

SEVENTH QUARTER

NSG 203 Medical-Surgical Nursing III 6 0 18 12

A comprehensive study of biological, social, emotional, and rehabilitation components of frequently occurring illnesses. The management of patient care and leadership roles as functions of the associate degree nurse during major health problems are emphasized. Opportunity is provided for using previously acquired knowledge in planning and implementing nursing care for individuals or groups. Nutrition, pharmacology, history, and legal aspects of nursing care are integrated in course content and clinical experiences. Planned clinical learning experiences are selected on the basis of the student's needs in order to meet stated objectives.

ENG 102 Composition 3 0 0 3

English composition is designed to aid the student in the improvement of self-expression by means of practical application in business and technical writing. Emphasis is on writing sentences, paragraphs, and compositions.

EIGHTH QUARTER

NSG 204 Medical - Surgical Nursing IV 6 0 18 12

The study of bodily aberrations begun in Medical-Surgical Nursing III is continued with emphasis upon the rehabilitative and adaptative processes. Selected learning experiences are planned to assist the student in the development of the ability to formulate and utilize previously and concurrently acquired skills so that comprehensive planning and competent application of cognitive, affective and manipulative skills are employed in the care of the patients in all age groups and a variety of situations. The student is given the opportunity to plan, direct, and evaluate total patient care for individuals and groups.

NSG 205 Nursing Seminar 3 0 0 3

This course introduces current trends, practices, and transitional concerns in nursing. Continuing education after graduation is emphasized.

ENG 103 Report Writing 3 0 0 3

The fundamentals of English are utilized as a background for the organization and techniques of modern report writing. Exercises in developing typical reports, using writing techniques and graphic devices are completed by the students. Practical application in the preparation of a full-length report is required of each student at the end of the term. This report must relate to the student's specific curriculum.

COURSE OUTLINES

FIRST QUARTER

NSG 101 FUNDAMENTALS OF NURSING

PLACEMENT: First Quarter

COURSE DESCRIPTION:

Designed as the foundation of all subsequent courses in nursing. Orients the student to nursing, to the concept of wellness, and to the patient and his environment. Focuses upon principles and techniques required by the nurse in meeting the health needs of patients. Presents principles of body mechanics, medical and surgical asepsis, and other fundamental nursing functions. Nursing care planning, recording, observing, and communicating skills are introduced. Although the emphasis is on basic nursing care, the student is taught to approach the patient as a person with psychological, social, physical, and rehabilitative needs. Safe nursing practices are emphasized throughout. The learning center, nursing laboratory, and local hospital are used for directed clinical practices.

COURSE HOURS PER WEEK: Class 6; Lab 6; Clinical 0

QUARTER HOURS CREDIT: 9

PREREQUISITE: None

SUGGESTED TEXTBOOKS:

Kozier, B. B. and B. W. Dugas. Fundamentals of Patient Care. Philadelphia: W. B. Saunders Co., 1967.

Wood, Lucile. Nursing Skills for Allied Health Services. Philadelphia: W. B. Saunders Co., 1972.

CENTRAL OBJECTIVE: That the student assimulate and apply basic principles, techniques, and skills from the arts and sciences of the practice necessary to safe, effective, and legal functioning in meeting the needs of patients and clients.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Discuss the role and the scope of nursing in a dynamic system.
2. List the four nursing organizations, including eligibility requirements for membership, official publication, and functions.
3. Identify the functions of the nursing team, health team, county agencies, and facilities that insure continuity of care.

4. Make a flow sheet descriptive of nursing history.
5. Implement legal responsibilities of the nursing profession.
6. Utilize communication skills.
7. Define health.
8. Utilize the principles of good body mechanics for self and patient.
9. Prepare and maintain a therapeutic environment.
10. List the basic daily needs of patients and describe ways in which to meet these needs.
11. Recognize, identify, and measure overt and covert signs of health.
12. Formulate hypothetical nursing care plans which would meet the daily needs of patients.
13. State the purpose and content of a patient's chart and make correct entries on this record utilizing standard medical abbreviations.
14. Demonstrate satisfactorily, according to a prescribed check list, supplementary nursing functions.
15. Identify patient's problems, using Abdellah's 21 nursing problems or a guide for assessment.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.
2. Allotted class time will be spent in one of the following ways:
    a. Small group discussions
    b. "Sampling" by the instructor
    c. Problem-solving sessions involving small or whole groups
    d. Individual study and/or conference with instructor
    e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
    f. Lecture by instructor
    g. Audiovisual learning activities
    h. Student reports and presentations
3. Outside references are available for the student to use to enhance his understanding of subject matter.
4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.
2. Unannounced quizzes or "sampling" may be given at any time, and may be incorporated in the total possible points.
3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.
4. A comprehensive final exam will be given at the completion of the course.
5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evalua-

tion and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.
7. Standardized tests will be given at designated intervals in the curriculum to evaluate the student's comprehension and retention of information. Suggested standardized examinations offered by the National League for Nursing:
    a. Three Units of Content (TUC)
    b. Fundamentals of Patient Care

COURSE CONTENT:

I. Orientation

- A. Scope of nursing
    - 1. Levels and functions
    - 2. Legal considerations
        - a. Licensure
        - b. Responsibilities
    - 3. Nursing organizations
        - a. ANA
        - b. NLN
        - c. NAPNES
        - d. NFLPN
        - e. Related professional organizations
        - f. Hospitals, functions, and structure
- B. History of nursing
    - 1. Historical figures through 20th century
    - 2. Nursing care changing patterns
- C. Definition of health
    - 1. World health organizations
    - 2. Goals for maintaining health
- D. Communication and the nurse
    - 1. Definition
    - 2. Methods

II. The Patient's Environment (Physical)

- A. Environmental factors
- B. The patient's room and unit
- C. Care of the patient's environment

III. Body Mechanics

- A. Body movement and activity
- B. Musculo-skeletal system
- C. Body alignment and balance
- D. Rules of body mechanics
- E. Moving and lifting patients

IV. Meeting the Basic Needs of Patients

- A. Personal care and hygiene (including perineal care and catheter care)
- B. Sleep and rest
- C. Nutrition and fluids
- D. Elimination
- E. Safety and environment
- F. Medical treatment and care
- G. Emotional and spiritual support
- H. Physical and psychological adjustments
- I. Diversion and rehabilitative activities

V. Observation Skills

- A. Developing skill
- B. Signs and symptoms
- C. Vital signs

VI. Organizing and Planning Nursing Care

- A. Health teams
  - 1. Types
  - 2. Purpose and function
- B. Purposes of the nursing care plan
- C. Guides to planning nursing care
- D. Individualized nursing care
- E. Nursing care plans
- F. Kardex nursing care plan
- G. Nursing care study

VII. The Patient's Chart

- A. Medical abbreviations
- B. Content of the chart
- C. Principles of charting
- D. Recording and reporting
- E. The kardex
- F. Legalities
  - 1. Patient's chart
  - 2. Wills and permits

VIII. Supplementary Nursing Functions

- A. Wound care and application of dressing
  - 1. Inflammation
  - 2. Infection
  - 3. Antisepsis
  - 4. Medical asepsis
  - 5. Surgical asepsis
- B. Application of heat and cold

- C. Collection of specimens
- D. Assisting with medical procedures
  - 1. Physical examination
  - 2. Oxygen therapy
- E. Application of bandages and binders
- F. Urinary elimination
  - 1. Assisting patients with bed pans and urinals
  - 2. Assisting the patient to the bathroom
- G. Testing urine for sugar and acetone
- H. Bowel elimination
  - 1. Enemas
  - 2. Rectal tubes
- I. Admission, transfer, and discharge of patients

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BIO 102 BASIC LIFE SCIENCE

PLACEMENT: First Quarter

COURSE DESCRIPTION:

A study of the normal structure and related functioning of the human body, with man identified as a living organism composed of living cells, tissues, organs, and systems. The normal body is studied as a basis for understanding variations from the normal and man's need to maintain homeostasis. Included are the skeletal, muscular, digestive, circulatory, respiratory, urinary, reproductive, endocrine, integumentary and nervous systems, and the special sense organs. Elementary principles and concepts of chemistry, microbiology, and physics are presented with the emphasis on the application of these principles to the relationships between structure and functions of the normal human body. Encompasses bacterial anatomy, physiology, and immunology in laboratory portions, with relevant experiments to augment the student's learning of body structure and functions.

COURSE HOURS PER WEEK: Class 4; Lab 2; Clinical 0

QUARTER HOURS CREDIT: 5

PREREQUISITE: None

SUGGESTED TEXTBOOKS:

Anthony, Catherine Parker. Structure and Function of the Body. St. Louis: The C. V. Mosby Co., 1972.

Thomas, Virginia. Life Science for Health Technologies. California: Technicourse, Inc., 1970.

CENTRAL OBJECTIVE: To assimulate facts and theory from the physical and biological sciences relating to the structure and functions of the human body for application to the practice of nursing.

CONTRIBUTORY OBJECTIVES: The student will be able to:

1. Explain the basic structure and plan of the human body from cells to whole body systems.
2. Describe the ten body systems, their location in the body, structure, function, and interrelationships.
3. Explain the composition and function of blood.
4. List and define appropriate terminology related to anatomy, physiology, microbiology and immunology.
5. Describe 6 types of microorganisms as to how they relate to the disease process and aseptic technique.
6. Describe the general principles of immunology and the body's resistance to disease.

7. Explain how chemical reactions occur.
8. Define the basic principles of physics.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
    a. Small group discussions
    b. "Sampling" by the instructor
    c. Problem-solving sessions involving small or whole groups
    d. Individual study and/or conference with instructor
    e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
    f. Lecture by instructor
    g. Audiovisual learning activities
    h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject matter.

4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retention of information.

COURSE CONTENT:

I. Basic Life Concept

- A. Life sciences
    - 1. Introduction and terminology
    - 2. Protoplasm
    - 3. Enzymes
    - 4. Organization of the body
        - a. Cell
        - b. Tissues
        - c. Organs
        - d. Organ systems
        - e. Organism
    - 5. Composition of the body
- B. Points of reference for study of body systems
    - 1. Anatomical position
    - 2. Body cavities
    - 3. Body quadrants
    - 4. Directional terms
    - 5. Body planes
- C. Physical sciences
    - 1. Introduction and terminology
    - 2. States and kinds of matter
    - 3. Solutions
    - 4. Chemical reactions
    - 5. Energy
    - 6. pH
    - 7. Mineral salts

II. Musculo-Skeletal System

- A. Introduction and terminology
- B. Skeletal system
    - 1. Functions of bones
    - 2. Composition of bones
    - 3. Development of bones
    - 4. Nutrients required for bone formation
    - 5. Types of bones
    - 6. Bone markings
    - 7. Nomenclature of bones
    - 8. Joints
        - a. Types of movement
        - b. Classification of joints
- C. Muscular system
    - 1. Types of muscles
    - 2. Parts of the muscle
    - 3. Nomenclature of muscles
    - 4. Muscle attachments
    - 5. Functions

III. The Integumentary System

   A. Introduction and terminology
   B. Structure of the skin
   C. Appendages of skin
   D. Functions of the skin

IV. Hematology

   A. Introduction and terminology
   B. Amount and pH of whole blood
   C. Functions of the blood
   D. Components of the blood
      1. Plasma
      2. Formed elements
         a. Erythrocytes
         b. Leukocytes
         c. Thrombacytes
   E. Blood clotting
   F. Blood tests

V. Cardiovascular - Lymphatic Systems

   A. Introduction and terminology
   B. The heart
      1. Function
      2. Structure and location
      3. Cardiac cycle
      4. Conduction system
   C. Blood vessels
      1. Arteries
      2. Veins
      3. Capillaries
   D. Pulses
      1. Factors affecting heart beat rates
      2. Pulse abnormalities
      3. Pulse location
   E. Blood pressure
      1. Factors affecting blood pressure
      2. Blood pressure abnormalities
   F. Lymphatic system
      1. Vessels
      2. Lymph tissue
   G. The spleen
   H. Thymus gland

VI. Respiratory System

   A. Introduction and terminology
   B. Anatomy and physiology of the respiratory tract

C. Anatomy and physiology of the lungs
D. Respiration
E. Volume measurements
F. Cardiovascular and respiratory system

VII. Digestive System

A. Introduction and terminology
B. Organs of the digestive system
    1. Location
    2. Structure
    3. Functions
C. Accessory digestive organs
    1. Teeth
    2. Salivary glands
    3. Liver
    4. Gall bladder
    5. Pancreas
D. Food absorption in the digestive tract

VIII. Microbiology and Immunology

A. Introduction and terminology
B. Classification of microorganisms
    1. Bacteria
    2. Fungi
        a. Yeast
        b. Molds
    3. Protozoa
    4. Metazoa
    5. Viruses
    6. Rickettsiae
C. Immunology
    1. Resistance factors
        a. Mechanical
        b. Chemical
        c. Phagocytosis
    2. Immunity
        a. Active
        b. Passive
        c. Acquired
    3. Immunizing agents - vaccines

IX. Excretory System

A. Introduction and terminology
B. Urinary system - structure, function, and location of
    1. Kidney
    2. Uretus
    3. Urinary bladder
    4. Urethra

    C. Normal urine

X. Reproductive System and Medical Genetics

- A. Introduction and terminology
- B. Male reproductive system
- C. Female reproductive system
    1. Menstrual cycle
    2. Hormones
- D. Fertilization
- E. Genetics
    1. Genes
    2. Chromosomes
    3. Mechanism of inheritance

XI. Endocrine System

- A. Introduction and terminology
- B. Glands
    1. Location and structure
    2. Hormones
    3. Normal function

XII. Nervous System and Sense Organs

- A. Introduction and terminology
- B. Nervous system - structure and function
    1. Mechanism of nerve action
    2. Neurons
    3. Nerves
    4. Central nervous system
    5. Brain
    6. Spinal cord
    7. Meninges
    8. Peripheral nervous system
    9. Antonomic nervous system
- C. Sensory system
    1. Sensory receptors
    2. Eye - structure, function and location
    3. Ear - structure, function and location

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Ratliff, J., "I Am Joe's Intestines." Reader's Digest. 99: 75-78. August, 1971.

PSY 110 GENERAL PSYCHOLOGY

PLACEMENT: First Quarter

COURSE DESCRIPTION:

An introduction to the principles of human behavior. Includes a brief history of psychology as a science, basic psychological processes, personality and social behavior, contemporary knowledge of motives, intelligence, learning and emphasis on methods of communications and the understanding of self and others. The beginning concepts of approaches that are therapeutic in people relationships are presented.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: None

SUGGESTED TEXTBOOK:

Morgan, R. L., Psychology: An Individualized Course. New York: Westinghouse Learning Corporation

CENTRAL OBJECTIVE: The student will know the basic psychological principles and communication skills and will clarify the terms "mental health", "normality" and "emotional illness". He will apply this knowledge to himself and to the behavior of others; and develop personal feelings for the plight of all people as they seek fulfillment and meaning for their lives.

CONTRIBUTORY OBJECTIVES: Upon completion of the course, the student will be able to:

1. Discuss the field of psychology and critically evaluate psychological research.
2. Identify the following psychologists:
    a. Wilhelm Wundt
    b. William James
    c. John Watson
    d. Pavlov
    e. B. F. Skinner
3. Discuss the importance of heredity and environment in the development of a healthy personality.
4. Discuss emotional responses.
5. Identify the concepts of perception.
6. Discuss learning theories and the efficiency of learning.

7. Discuss the concept of intelligence and evaluation of intelligence.

8. Briefly discuss theories of personality and evaluation and treatment.

9. Identify the physiological and psychological needs of a human being.

10. Identify types of verbal and nonverbal communication, and discuss the importance of listening with understanding.

11. Explain the components of the personality, id, ego, superego, the 3 levels of awareness (conscious, preconscious, unconscious), and define and discuss the effects of anxiety.

12. Trace personality development by Sigmund Freud's and Erik Erikson's theories.

13. Discuss behavior modification in relation to personal, religious, racial, and other interpersonal relationships with patients or co-workers.

14. Discuss problems in daily and professional life in a systematic and effective way according to prescribed methods.

15. Identify individual needs of patients and their interrelating groups, and list ways of meeting these needs.

16. Describe an ethical work relationship with the patient, family, physician, and co-workers.

17. List and implement legal, moral, and ethical aspects of the nursing professional and social orders.

18. Identify and discuss the role of defense mechanisms, adaptive behavior, frustration, and conflict.

19. Trace the history of treatment for mentally ill from the Greek civilization to the present time.

20. Define the following mental disorders:
    a. Organic psychosis
    b. Psychosomatic
    c. Personality disorders
    d. Psychoneurosis
    e. Functional psychosis
    f. Alcohol addiction
    g. Drug addiction
    h. Mental retardation

21. Define the following types of therapy:
    a. Chemotherapy
    b. Psychotherapy
    c. Hydrotherapy
    d. Electroconvulsive therapy

22. List guidelines for mental health nursing.

23. List approaches that are therapeutic in the nurse-patient relationship.

24. Define and discuss 6 types of psychiatric emergencies.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentation

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The student assumes responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. Instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students' comprehension and retention of information.

COURSE CONTENT:

I. Scope and Goals

A. Definition
   1. Psychology and behavior
   2. The variety of human behavior
   3. Drives, motor skills, and problem-solving
      a. Biological drive
      b. Learning
   4. Motivated behavior
      a. Male
      b. Female
   5. Emotional behavior
   6. Anxiety and defenses
      a. Anxiety
      b. Defenses
      c. Abnormal psychology
   7. The goals of psychology
      a. Overt
      b. Covert
      c. Understand and predict behavior
   8. Predicting, understanding, and theory

B. History
   1. Wilhelm Wundt
      a. Established a systematic method of study
      b. Founder of modern psychology
   2. Francis Galton and measurement - individual differences
   3. William James' "Science and Mental Health" - first important American psychologist
   4. John Watson, behaviorist
      a. Behaviorism
      b. Conditioned reflexes
   5. Modern psychology - introspection

C. Study of behavior
   1. The experiment
      a. Experiment
      b. Variables
   2. Naturalistic observation
   3. Tests - Galton
   4. Interviews - Kinsey
   5. Questionnaires - Lenient

D. Applications of psychology - applied science
   1. In school
      a. Standardized tests
      b. Principles of learning
   2. Vocational guidance

3. In industry
  a. Shorter working hours
  b. Rest periods
  c. Human engineering
4. Public opinion surveys - Gallup Poll
5. Clinical psychology - psychotherapy, group therapy

II. The Principles of Learning

A. "Nature versus Nurture"
B. The reflex
  1. Types of reflex responses
    a. Striae muscles
    b. Smooth muscles
    c. Glandular activity
    d. Startle pattern
  2. The reflex mechanism
    a. Stimulus
    b. Response
C. The conditioned reflex
  1. Reinforcement in classical conditioning
  2. Extinction and spontaneous recovery
  3. Stimulus generalization and stimulus discrimination
  4. Conditioned reflexes in life situations
  5. Conditioning and emotions
  6. Conditioned reflexes and illness
D. Operant conditioning
  1. Operant extinction, recovery, generalization and discrimination
  2. The shaping of operants
    a. Random behavior
    b. Conditioned operant
    c. Desired result
    d. Shaping
  3. Reinforcement as the key to learning
    a. Delay of reinforcement
    b. Schedule of reinforcement
      (1) Partial reinforcement
      (2) Intermittent reinforcement
    c. Kinds of reinforcement
    d. Secondary reinforcement
      (1) Primary reinforcing stimulus
      (2) Secondary reinforcing stimulus
    e. Operant escape and avoidance
    f. Is reinforcement essential?
      (1) Latent learning
      (2) Incidental learning
    g. Reinforcement and attention
      (1) "Pleasure center"
      (2) Attention

III. Learning, Remembering and Forgetting

- A. Learning curves
  - 1. The learning curve of decreasing returns
    - a. Progress at first
    - b. Tapers off
  - 2. The learning plateau
    - a. Slow learning at first
    - b. Suddenly speeds up
    - c. Reaches upper level
  - 3. Other learning
    - a. Equal returns
    - b. Increasing returns
    - c. S-shape
- B. Curves of forgetting
  - 1. Verbal
  - 2. Motor
- C. How learning and forgetting are measured
  - 1. Learning and performance
    - a. Motive for performance
    - b. Absence of conflicting behavior and performance
  - 2. The three measuring rods
    - a. Recall
    - b. Recognition
    - c. Relearning
  - 3. Reintegration: A special kind of remembering
- D. One-trial learning
  - 1. Incremental learning
  - 2. Learning first time
- E. The requirements for learning
  - 1. The distinctive stimulus
    - a. Complex learning stimuli
    - b. The role of stimuli generalization and discrimination
    - c. Generalization, discrimination and language
  - 2. Attention to the stimulus
  - 3. A unit to which the stimulus can be attracted
    - a. Attachment units versus component parts
    - b. How learning feeds on learning
- F. Memory - intelligence
  - 1. Short-term and long-term memory
    - a. "Memory - experts"
    - b. Mnemonic system
  - 2. Improving the memory
  - 3. The learning connection
    - a. Engram
    - b. Meditational unit
    - c. Stimulus
    - d. Behavior

4. Kinds of mediational units
    a. Image
    b. Symbol
    c. Sets and perceptual expectations
    d. Words and language
    e. Concepts
    f. Motives and standards
    g. Emotions
    h. Attitudes

IV. Motives

A. Drives
  1. Hunger
  2. Thirst
  3. Sleep
    a. Sleep system
    b. Wakefulness system
    c. Night people
    d. Day people
  4. Sex
    a. Male
    b. Female
  5. Other drives
    a. Pain
    b. Breathing
    c. Elimination
    d. Temperature
    e. Internal stimulation
    f. External objects
    g. Behavior incentive
B. Stimulus needs
  1. The need for sensory stimulation
  2. The need for stimulus variability
    a. Change
    b. Stimulus variability
    c. Stimulus complexity
    d. Ideal level
    e. Pacer stimuli
  3. The need for physical contact
    a. Physical contact
    b. Tactual comfort
    c. Surrogate mothers
    d. Love
C. Motives
  1. Certainty
  2. Attachment and affiliation
  3. Dependency
  4. Independence and achievement motive
    a. Independence
    b. Achievement

        c. Early training and achievement motive
        d. Achievement motive and upward mobility
    5. Social approval
    6. Escape from unpleasant feelings - avoidance
    7. Hostility
        a. Aggression
        b. Male
        c. Female
    8. Domination - power
    9. Living up to standards
        a. Identification
        b. Ego ideal
    10. Cognition
        a. Cognitive consonance
        b. Cognitive dissonance
        c. Cognitive dissonance and felt pain
        d. Effect of cognitive dissonance on learning
D. Motives and behavior
    1. Motivational dispositions and aroused motives
        a. Motivational dispositions
        b. Aroused motives
        c. Potential
        d. Active
    2. Motive strengths
    3. Requirements for behavior
        a. Knowledge of how to satisfy the motive
        b. Absence of conflicting motives
        c. Incentive
        d. A reasonable chance of success
        e. Freedom from anxiety
    4. Guessing another person's motives
    5. The principle of functional autonomy

V. Emotions

A. Emotions and motives - biological drives, learned motives
    1. Motives as a source of emotions
    2. The motivating quality of emotions
B. Bodily changes in emotion
    1. Changes controlled by the central nervous system
        a. Muscle tension
        b. Tremor
        c. Eye blinking
        d. Other nervous movements
        e. Facial expressions of emotions
        f. Vocal expressions of emotions
    2. Autonomic changes
    3. Autonomic changes and the lie detector

    4. Pupil size as a measure of emotion
        a. A photographic record of pupil response
        b. Why these photos produce different reactions
C. Physiological theories of emotion - emotional postures in dog and cat
    1. The body in anger and fear
        a. Fight
        b. Flight
    2. The body in other emotional states - James-Lange theory
D. Neurological theories of emotion
    1. Cannon-Bard theory
    2. James-Lange theory
    3. Papez-MacLean theory
E. The "juke box" theory
    1. The "stooge" with the hula hoop
    2. The "angry stooge"
    3. Other Schachter experiments
    4. Implications of the Schachter experiments
        a. Physiological arousal
        b. Mental process
    5. Tentative definition of emotion
        a. Change
        b. Behavior
F. Emotion and learning - (1) Physiological changes, (2) Patterns of activity in nervous system, (3) Overt behavior, and (4) Subjective feelings of emotion
    1. Emotions as reflexes
        a. Painful stimuli
        b. Sudden and intense stimuli
        c. Loss of support
        d. Unlearned connections in emotion
    2. Conditioning emotions - the "Albert Experiment"
    3. Learning the labels for emotion
    4. The importance of labels
G. Individual differences in emotion
    1. Glandular differences
    2. Differences in the autonomic nervous system
        a. Characteristics
        b. Sexes
H. The emotion of anxiety
    1. Sources of anxiety
        a. Physical harm
        b. Rejection
        c. Uncertainty
        d. Cognitive dissonance
        e. Frustration and conflict
    2. Some effects of anxiety
        a. "High anxiety"
        b. "Low anxiety"
        c. Anxiety and simple conditioning
        d. Anxiety and college grades

3. Anxiety and risk taking
    a. Anxiety, conservation and "going for broke"
    b. "Test anxiety"
    c. "Went for broke"
    d. "Sure thing"

VI. Frustration and Conflict

A. Frustration
  1. Sources of frustration
    a. Physical obstacles
    b. Social obstacles
    c. Personal obstacles
  2. Intensity of frustration
    a. Strength of the frustrated motive
    b. Distance from goal
    c. Nature of the obstacle
    d. Number of obstacles
  3. The relative nature of frustration
    a. Absolute
    b. Relative
  4. Tolerance of frustration
    a. Frustration tolerance among children
    b. Results of training in frustration tolerance

B. Conflict
  1. Conflicts with standards
    a. Adolescence
    b. Sexual urge
  2. Conflicts over goals
  3. Approach and avoidance
    a. Approach-approach
    b. Avoidance-avoidance
    c. Approach-avoidance
    d. Gradients of approach and avoidance
      (1) Gradient of approach
      (2) Gradient of avoidance
    e. Other influences on approach and avoidance
      (1) Distance in space from goal
      (2) Distance in time from goal
      (3) Strength of motive
      (4) Expectancy of goal attained

C. Effects of frustration and conflict
  1. Aggression
    a. Direct aggression
    b. Displaced aggression
    c. Criticism of oneself
  2. Withdrawal
    a. Withdrawal
    b. Fantasy
    c. Nomadism

    3. Depression and apathy
    4. Regression
    5. Stereotyped behavior
    6. Vacillation
- D. Defense mechanisms
    1. Definition
    2. Role
    3. Types
        a. Rationalization
        b. Intellectualization
        c. Projection
        d. Repression
        e. Denial
        f. Identification
        g. Reaction formation
        h. Substitution

VII. Personality

- A. Structure of personality
    1. Components
        a. Id
        b. Ego
        c. Superego
    2. Levels of awareness
        a. Conscious
        b. Preconscious
        c. Unconscious
    3. Anxiety
    4. Defense mechanisms
- B. Personality development
    1. Heredity and environment
    2. Sigmund Freud
        a. Stages
        b. Problem areas
    3. Erik Erickson
        a. Stages
        b. Problem areas
- C. Communication
    1. Non-verbal - Overt/covert
    2. Verbal
- D. Ethnic considerations
    1. Major race
    2. Cultural and ethnic differences
    3. Major religion
    4. Understanding patient's religious beliefs
    5. Overcoming prejudices
- E. Ethical considerations
    1. Codes of ethics
    2. Courtesy and etiquette in professional situations

- F. The individual and his interrelated groups
    - 1. The individual under stress
    - 2. The family under stress
    - 3. The community under stress
    - 4. Groups with special problems
        - a. Unwed mothers
        - b. Battered children
        - c. Hostile, aggressive patients
        - d. Shy, withdrawn patients
    - 5. Guidelines for working with individuals and their families
    - 6. Adjustments in group situations
        - a. Stressors
        - b. Adaptation to student life
        - c. Adaptation to the health care setting

VIII. Behavior Disorders

- A. Organic psychosis
    - 1. Cerebral arteriosclerosis
    - 2. Senility
    - 3. General paresis
- B. Psychosomatic
    - 1. Peptic ulcer
    - 2. Ulcerative colitis
    - 3. Asthma
    - 4. Hypertension
- C. Psychoneurosis
    - 1. Conversion reaction
    - 2. Anxious
    - 3. Dissociative reaction
    - 4. Obsessive - compulsive
    - 5. Phobic
    - 6. Depressive
- D. Functional psychosis
    - 1. Schizophrenia
        - a. Simple
        - b. Hebrephrenic
        - c. Paranoid
        - d. Catatonic
    - 2. Affective reactions
        - a. Manic depressive
        - b. Involutional melancholia
        - c. Paranoia
- E. Mental retardation
    - 1. Classification
    - 2. Learning abilities

IX. Emotional Crutches

- A. Alcohol addiction
  - 1. Symptoms
  - 2. Effect of alcohol on body systems
  - 3. Withdrawal symptoms
  - 4. Treatment
    - a. Alcoholics Anonymous
    - b. Group therapy
    - c. Chemotherapy
- B. Drug addiction
  - 1. Categories of drugs
    - a. Dependency drugs
      - (1) Opiates
      - (2) Depressants
      - (3) Stimulants
      - (4) Alcohol
    - b. Nondependency drugs
      - (1) Hallucinogens
      - (2) Solvents
  - 2. Treatment procedures

X. Psychiatric Emergencies

- A. Types
  - 1. Anxious
  - 2. Intoxication
  - 3. Suicide depression
  - 4. Aggressive
  - 5. Family tolerances
  - 6. Known mental patients
- B. Emergency care facilities
  - 1. Mental Health Center
  - 2. Hospital emergency room
  - 3. Police

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Christensen, H. T. (ed.). Handbook of Marriage and the Family. Chicago: Rand McNally Co., 1964

Cole, Luella. Psychology of Adolescence. New York: Holt, Rinehart, and Winston, 1965.

Fitch, Stanley K., Insights Into Human Behavior. Rockleigh, New Jersey: Holbrook Press, Inc., 1970.

Gordon, Albert I., Intermarriage. Boston: Beacon Press, 1964.

Hepner, Harry W., Psychology Applied to Life and Work. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1957.

Kagan, Jerome and Ernest Havemann. Psychology - An Introduction. 2nd ed. New York: Harcourt, Brace, and Jovanovich, 1972.

Kendler, Howard H., Basic Psychology. Brief ed. California: W. A. Benjamin, Inc., 1971.

Kimble, Gregory and Norman Garmezy. Principles of General Psychology. 3rd ed. New York: Ronald Press Co., 1968.

Kolb, Lawrence C., Modern Clinical Psychiatry. 8th ed. Philadelphia: W. B. Saunders Co., 1973.

Levy. Self-Revelation Through Relationships. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970.

Peplau, Holdegard. Interpersonal Relations in Nursing. New York: G. P. Putnam's Sons, 1952.

Wrench, David, et al. Psychology - A Social Approach. 2nd ed. New York: McGraw-Hill Book Co., 1973.

NSG 106 NUTRITION AND DIET THERAPY

PLACEMENT: First Quarter

COURSE DESCRIPTION:

Presents practical study of nutrients, how they are used by the body, sources and types of food necessary for the balanced diet in developmental and ethnic variations. Physiological processes of digestion, absorption, and metabolism are discussed. An introduction to the most commonly used hospital diets is included.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: None

SUGGESTED TEXTBOOKS:

Howe, Phyllis Sullivan. Basic Nutrition in Health and Disease. Philadelphia: W. B. Saunders Co., 1971.'

Thomas, Virginia. Life Sciences for Health Technologies. California: Technicourse, Inc., 1970.

CENTRAL OBJECTIVE: To assimulate facts from the study of basic nutrition for application to the practice of nursing and the activities of daily living.

CONTRIBUTORY OBJECTIVES: At the completion of course, the student will be able to:

1. State how food is metabolized into forms which can be utilized by the body and discuss energy requirements in terms of metabolism and caloric intake.
2. State the sources, composition, functions, and classification of carbohydrates, fats, proteins, minerals, water, vitamins, and cellulose.
3. Identify and utilize the basic four food groups in individual nutrition and in the practice of nursing.
4. Assist in teaching diet considerations and basic nutrition to others.
5. Describe how nutrients aid in the growth, maintenance, and repair of body tissue.
6. Differentiate between nutritious foods and "empty calories".

7. Discuss current nutritional concerns.

8. Master lesson objectives by achieving a "C" grade on materials selected by the instructor.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Lecture by instructor
   f. Audiovisual learning activities
   g. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students' comprehension and retention of information.

COURSE CONTENT:

I. Introduction to Nutrition

- A. History of nutrition
- B. Nutrition in the maintenance of wellness
- C. Nutrition as a factor in disease and stress situations
- D. Dietary patterns
  - 1. Psychosocial factors
  - 2. Economic factors
  - 3. Cultural factors
- E. Daily requirements
  - 1. Qualitative
  - 2. Quantitative

II. Metabolism and Energy Requirements

- A. Food metabolism
  - 1. Anabolism
  - 2. Catabolism
- B. Energy metabolism
  - 1. Need for energy
  - 2. Total energy requirements
  - 3. Calories

III. The Basic Four

- A. Bread group
- B. Milk group
- C. Meat group
- D. Vegetable and fruit group

IV. Minerals

- A. Composition and classification
- B. Sources
- C. Functions
- D. Digestion, absorption and utilization

V. Vitamins

- A. Characteristics of vitamins
- B. General sources
- C. General functions
- D. Types of vitamins
  - 1. Fat soluable
    - a. Sources
    - b. Properties
    - c. Function

        2. Water soluable
            a. Sources
            b. Properties
            c. Function

VI. Study of Water and Cellulose

A. Composition
B. Sources
C. Function
D. Water balance
E. Effects of dehydration

VII. Current Nutritional Concerns

A. Health foods
B. Food fads
C. Additives
D. Obesity

VIII. Introduction to Hospital Diet

A. Definition of diet therapy
B. General diet
C. Soft diet
D. Liquid diet
    1. Clear - surgical
    2. Full
E. Bland
F. Sippy
G. Low salt and salt free
H. High and low residue
I. Low fat and fat free
J. Low cholesteral
K. Alkaline ash and acid ash

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Anderson, Linnea, Dibble, M. V., Mitchell, H. S. and H. J. Rynbergen. Nutrition in Nursing. Philadelphia: J. B. Lippincott Co., 1972.

Bogert, L. Jean, et al. Nutrition and Physical Fitness. 9th ed. Philadelphia: W. B. Saunders Co., 1973.

Burton, B. T., Heinz Handbook of Nutrition. 2nd ed. New York: McGraw-Hill, Inc., 1965.

Kerschner, Velma. Simplified Nutrition and Diet Therapy for Practical Nurses. Philadelphia: F. A. Davis Co., 1970.

Krause, Marie V. and Martha A. Hunscher. Food, Nutrition and Diet Therapy. 5th ed. Philadelphia: W. B. Saunders Co., 1972.

McWilliams, Margaret and Frederick J. Stare. Living Nutrition. New York: John Wiley & Sons, 1973.

Robinson, Corinne. Normal and Therapeutic Nutrition. 14th ed. New York: The Macmillan Co., 1972.

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Thomas, Virginia. Life Sciences for Health Technologies. California: Technicourse, Inc., 1970.

Williams, Sue Rodwell. Nutrition and Diet Therapy. 2nd ed. St. Louis: The C. V. Mosby Co., 1973.

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Cox, M., "Campbell Soup's Program to Prevent Atherosclerosis." American Journal of Nursing. 72: 253-259. February, 1972.

Craft, C. A., "Body Image and Obesity." Nursing Clinics of North America. 7: 677-685. December, 1972.

Diefenbach, W., "Potassium." Family Health. 4: 33. December, 1972.

Eisler, J., "Stranger in Computerland." American Journal of Nursing. 72: 1120-1123. June, 1972.

Fleshman, R. P., "Eating Rituals and Realities." Nursing Clinics of North America. 8: 91-104. March, 1973.

Goodloe, M. H., "Diet and Heart Disease." Bedside Nurse. 5: 20-27. January, 1972.

Magie, P., "Operation for Obesity." Journal of Practical Nursing. 22: 26-74. September, 1972.

Rockwell, S. M., "Low Cholesterol Meats for Cardiologists--and for You." RN. 35: 72-73. May, 1972.

Vaz, D. D. S., "The Common Anemias: Nursing Approaches." Nursing Clinics of North America. 7: 711-725. December, 1972.

Weiner, L., "The Child Who Refuses to Eat." Bedside Nursing. 5: 28-30. August, 1972.

Wilson, P., "Iron Deficiency Anemia." American Journal of Nursing. 72: 502-504. March, 1972.

ENG 101 GRAMMAR*

PLACEMENT: First Quarter

COURSE DESCRIPTION:

Designed to aid the student in the improvement of self-expression through writing. Emphasis is on grammar, diction, sentence structure, punctuation and spelling. It is intended to stimulate students in applying the basic principles of English grammar in their day-to-day situations in industry and social life.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

MAJOR DIVISIONS OF COURSE CONTENT:

I. Parts of Speech

II. Correct Word Choice

III. Sentence Structure

IV. Punctuation

V. Paragraphs and Topic Sentences

SUGGESTED TEXTBOOKS:

Aurner, Robert R. and Paul S. Burtners. Practical English for Colleges. 4th ed. Chicago: South-Western Publishing Co., 1969.

Graham, Sheila Y., Harbrace College Workbook. Form 7A and 7B. New York: Harcourt Brace Jovanovich, 1973.

Hodges, John C. and Mary E. Whitten. Harbrace College Handbook. 7th ed. New York: Harcourt Brace Jovanovich, 1972.

Perrin, Porter G. and George H. Smith. Handbook of Current English. Glenview, Illinois: Scott, Foresman and Co., 1968.

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*This is an abstract of the English grammar syllabus. For a complete copy, write to Program Development Division, Department of Community Colleges, Education Building, Raleigh, North Carolina 27611.

SECOND QUARTER

NSG 102 MATERNAL AND CHILD NURSING I

PLACEMENT: Second Quarter

COURSE DESCRIPTION:

Presents the physiology and nursing care of the woman during normal antepartum, labor, delivery and postpartum, with a survey of possible complications; and the needs of the normal newborn. Introduces the student to the etiology, treatment, and nursing care of common disorders and illnesses that affect the infant, child, and adolescent. Objective-centered clinical practice sessions will be planned, using the pediatric and obstetrical units of local hospital and selected patients. Development of patient care plans is emphasized. Observations of labor and delivery are provided and experiences in selected clinics are planned to stress the scope of maternal and child health care.

COURSE HOURS PER WEEK: Class 8; Lab 0; Clinical 15

QUARTER HOURS CREDIT: 13

PREREQUISITE: NSG 101 Fundamentals of Nursing

SUGGESTED TEXTBOOKS:

Fitzpatrick, Elise, et al. Maternity Nursing. 12th ed. Philadelphia: J. B. Lippincott Co., 1971.

Leifer, Gloria. Principles and Techniques in Pediatric Nursing. 2nd ed. Philadelphia: W. B. Saunders Co., 1972.

Thompson, Eleanor Dumont. Pediatrics for Practical Nurses. Philadelphia: W. B. Saunders Co., 1970.

CENTRAL OBJECTIVE: To develop and implement nursing care plans to meet the needs of the newborn, the mother, infants, and children.

CONTRIBUTORY OBJECTIVES: Using principles learned in class and laboratory, the student will:

Introduction

1. Define the term obstetric.

2. Identify the anatomy of male and female reproductive system.

Prenatal

3. List 3 different methods of birth control and briefly explain the principles.

4. Explain one cause of infertility.

5. Explain theory of sex determination as described in text.

6. Explain "parental and child health begins with the maternity cycle and involves the family unit".

Pregnancy

7. Explain ovulation.

8. Define "multipara" and "primapara".

9. Demonstrate the ability to determine gravida and recording symbols.

10. Discuss the probable signs of pregnancy.

11. Know how to figure the EDC by using Nagele's rule.

12. Name the food groups to include in pregnancy diets as recommended by the National Dairy Council. Give examples. List foods to be avoided.

13. Describe fertilization and implantation.

14. Explain function of placenta.

15. Diagram fetal circulation and explain changes that will occur at birth.

16. List 6 important factors in prenatal care.

17. Explain the expected procedure for a newly pregnant patient on her first visit to the doctor. What would or should the visit include?

18. Define "physiological changes of the body during pregnancy" and list five.

Labor and Delivery

19. Identify 3 stages of labor and describe each.

20. List the differences between true and false labor.

21. List 2 complications that may occur during the process of labor and delivery.

22. Explain the difference between the Reed and Lamaze methods of "natural childbirth".

23. Explain the term "presentation". Discuss the different types and how they may be determined.

24. Explain how you would instruct a patient in labor to "push" after complete dilation of the cervix.

Newborn

25. Write the name of the criteria for evaluation of the newborn. List factors included in this evaluation.

26. Chart the 9 universal needs of the newborn and principles involved in meeting these basic needs.

27. List the fundamental principles involved in feeding infants.

28. List 5 normal physical characteristics of the newborn.

29. List 8 observations to make while caring for an infant.

30. List 2 common birth injuries; describe symptoms, nursing care, treatment and prognosis.

31. List the different methods of protecting newborn infants from infection. Explain each precaution.

32. Compare a premature infant to an average newborn.

33. List common problems of the newborn.

34. Describe types of episiotomes and care of the perineal area.

35. List and explain methods to help prevent urinary retention following childbirth.

36. List areas which are included in observation of the new mother during the 24-hour period following delivery. Explain normal expectations in each area.

37. List 5 signs of postpartum complications.

38. Demonstrate meeting the daily needs of the sick infant and child.

39. Observe the development of sick children and identify some of the ways development is affected by illness.

40. Calculate pediatric dosage by using the 3 rules discussed in class.

41. Explain ways to prepare a child for hospitalization.

42. List different types of childhood accidents and how they are prevented.

43. Discuss the effects of an overdose of aspirin on a child and discuss the treatment.

44. Describe the physical preparation of a child for surgery.

45. Demonstrate ability to carry out isolation techniques in the clinical area.

46. List and explain infectious agents, mode of transmission, incubation, symptoms, nursing care, and prevention of 5 childhood communicable diseases.

47. List emergency measures for epitstaxes and aspiration of a foreign body.

CLINICAL OBJECTIVES FOR DELIVERY ROOM: The student nurse shall have planned learning experiences in the delivery room and at the completion of these, she should be able to:

1. Identify the role of the nursing team members in labor and delivery.

2. Identify the supplies and equipment in the labor and delivery room.

3. Demonstrate ability to use emergency equipment in the labor and delivery room.

4. Admit patient to the delivery room.

5. Do a perineal prep.

6. Review prenatal record.

7. Recognize normal and abnormal signs of labor and note and record frequency, duration and intensity of contractions.

8. Locate, listen to, and record fetal heart tones.

9. Demonstrate ability to take and record the blood pressure, pulse, and respirations of a patient during labor, delivery, and the immediate postpartum period.

10. Assist the physician or charge nurse with procedures not within the realm of the student nurse. (Examples: vaginal examinations, amniotomy, administration of oxytoxic.)

11. Keep perineum and bed clean and encourage the patient to void periodically.

12. Assist the patient with relaxation and comfort measure, and lend emotional support.

13. Position patient on delivery table and do surgical scrub.

14. View a delivery and participate as directed.

15. Assist the physician with a delivery.

16. Assist in cleaning patient after delivery, moving her from bed to delivery table, and from delivery table to stretcher.

17. Administer medications to the mother and the newborn with accuracy and skill, noting classification, use, dosage, contraindications, side effects, and specific precautions for each medication given.

18. Fill out proper labor and delivery forms, including proper identification of the mother and the newborn. Observe delivery room record book and state its purpose.

19. Give immediate care to the newborn, including suctioning mucus from mouth and nose, instilling silver nitrate in the eyes, and taking footprint. Remain with and observe newborn until it leaves the delivery room.

20. Catheterize mother if necessary.

21. Check tone of uterus and flow of lochia immediately postpartum and every fifteen minutes for the first hour.

22. Set up delivery room in preparation for delivery.

23. Rewrap sterile packs and practice aseptic technique in all procedures.

CLINICAL OBJECTIVES FOR POSTPARTUM CARE:

1. Identify the role of nursing team members on the postpartum unit.

2. Admit newly delivered mother to room, including transfer to bed and giving bed bath.

3. Check and record condition of newly delivered mother, including checking fundus for height and firmness, lochia and condition of stitches.

4. Check and record blood pressure immediately and every hour for three times.

5. Apply heat lamp.

6. Massage fundus of uterus and change perineal pads as needed.

7. Check bladder for distention and catheterize when necessary.

8. Assist postpartum and post-surgery patients to ambulate.
9. Provide emotional support to new mothers.
10. Explain to patient episiotomy care and method of peri-pad application and removal.
11. Assist patient with sitz bath.
12. Check condition of breasts and nipples of new mother.
13. Apply ointments and sprays to perineum as ordered.
14. Give a douche.
15. Give an enema.
16. Apply anesthetic ointment to hemorrhoids as necessary.
17. Recognize and report any deviance from normal.
18. Assist new mother and baby on going home from the hospital.
19. Assist mother in care and feeding of baby as needed.
20. Prepare and implement nursing care for a new mother.
21. Demonstrate the ability to administer oral medications to a group of patients with the assistance of her instructor.
22. Identify and define the normal dosage range of an oxytoxic, anesthetic, a sedative, an analgesic, a laxative, an anti-inflammatory, and an antilactation drug.

CLINICAL OBJECTIVES FOR NEWBORN NURSERY: The student nurse shall have planned learning experiences in the newborn nursery, and at the completion of these experiences will be able to:

1. Read policies and procedures for newborn nursery.
2. Admit newborn to nursery.
3. Weigh, measure, and take temperature of the newborn.
4. Identify normal stool and urine of the newborn.
5. Bathe and dress the newborn.
6. Apply a clean diaper correctly and dispose of soiled ones in appropriate receptacle.

7. Prepare babies for feeding and feed the newborn from a bottle.

8. List names of formulae being used in nursery.

9. Compare formulae for:
    a. Calories in 1 ounce of prepared formula.
    b. % composition of fat, protein and carbohydrates.
    c. MDR of vitamins and minerals.

10. Assist the physician with physical examination of the newborn.

11. Assist the physician with circumcision of male infants.

12. Demonstrate ability to suction mouth and nose of newborn.

13. Teach the mother how to care for her baby, including bathing, feeding, caring for naval and circumcision, lifting, and carrying a bottle.

14. Explain to breastfeeding mother how to cleanse nipples and put infant to breast.

15. Identify the supplies and equipment in the nursery.

16. Identify the role of the nursing team members in the nursery.

17. Practice aseptic techniques in all procedures.

18. Return babies to correct bassinets.

19. Identify characteristics of normal newborn infant.

20. Identify and report any abnormal characteristics of normal newborn infants.

21. Observe and assist in care and feeding or premature babies and those with abnormalities.

22. Discharge an infant from the hospital according to hospital procedures.

CLINICAL OBJECTIVES FOR PEDIATRICS: Upon completion of the pediatric clinical experiences, the student should be able to:

1. Administer pediatric medications (oral, subcutaneous, and intramuscular) with accuracy and skill.

2. Compare and contrast the aspects of pediatric nursing and medical-surgical nursing.

3. Identify specific pediatric conditions and their impact upon the child.

4. Develop nurse/patient relationships with pediatric patients.

5. Identify and meet the daily needs of pediatric patients.

6. Perform selected pediatric treatments.

7. Monitor intravenous fluids and hypodermoclysis accurately.

8. Assist the registered nurse in procedures within the realm of the student nurse (IV's, hypodermoclysis).

9. Gather equipment and assist the physician with various pediatric procedures (Ex. lumbar puncture).

10. Give pre-operative and post-operative care to pediatric patients.

11. Recognize evidence of normal and abnormal growth and development.

12. Identify the impact of hospitalization on the pediatric patient and family.

13. Prepare and maintain a safe environment for pediatric patients.

14. Assist with the teaching of preventive pediatrics to parents.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained.
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject matter.

4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length, at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retention of information.

8. Clinical evaluation will be made on the basis of:
   a. Case studies
   b. Nursing care plans
   c. Medication, laboratory, and X-ray cards
   d. Individual conferences including:
      (1) Instructor evaluation
      (2) Student evaluation

COURSE CONTENT FOR MATERNITY:

I. Introduction to Maternity Nursing

   A. History
   B. Modern maternity care

II. Prenatal Care

   A. Health care during pregnancy
   B. Effects of pregnancy on the family
   C. Planning for the new baby
   D. Parent classes

III. Pregnancy

- A. Description of pregnancy
- B. Review of the reproductive system
- C. Fetal development
- D. Physiological changes of body during pregnancy
- E. Introduction to complications of pregnancy

IV. Labor and Delivery

- A. Normal labor
- B. Immediate evaluation and care of the newborn
- C. Variations of normal labor and delivery

V. The Puerperium

- A. Normal puerperium
- B. Introduction to complications of the puerperium
- C. Family planning

VI. The Newborn Infant

- A. The normal newborn
- B. Problems of the newborn
- C. Low birth weight and premature infants

COURSE CONTENT FOR PEDIATRICS:

I. Introduction to Pediatrics

- A. The Children's Bureau
- B. Changing attitudes in child care
- C. Pediatric Drug Administration
  1. Clark's rule
  2. Young's rule
  3. Freid's rule
  4. Intramuscular injections
  5. Rectal medications
  6. Oral medications
  7. Topical medications
- D. The child and the hospital
  1. Pediatric ward
  2. Safety
  3. Reactions to hospitalization
  4. Parent's feelings
  5. Admission
  6. Physical examination
  7. Pediatric vital signs
  8. Collection of urine specimens
  9. Lumbar puncture

II. Nursing Care of the Neonate

- A. Crib deaths
- B. Congenital anomalies
    - 1. Nervous system
        - a. Hydrocephalus
        - b. Spina bifida
        - c. Down's syndrome
    - 2. Cardiovascular system
        - a. Congenital heart disease
        - b. Acyanotic defects
        - c. Cyanotic defects
        - d. Congestive heart failure
    - 3. The blood - erythroblastosis; ABO incompatibility
    - 4. Gastrointestinal tract
        - a. Cleft lip
        - b. Cleft palate
        - c. Imperforate anus
        - d. Esophageal anomalies
        - e. Thrush
        - f. Diarrhea
    - 5. Musculoskeletal system
        - a. Clubfoot
        - b. Congenital dislocated hip
        - c. Cast care
    - 6. Genitourinary system
        - a. Epispadias
        - b. Hypospadias
        - c. Hermaphrodite
- C. Birth injuries
- D. Respiratory complications - RDS, pneumothorax, diaphragmatic hernia, pneumonia
- E. Infections
    - 1. Integumentary system
        - a. Impetigo
        - b. Staphyloccus infections
    - 2. Eyes
    - 3. Other
- F. Normal nutrition and diet adaptations
- G. Pharmacology

III. Nursing Care of the Infant

- A. Review of general characteristics of the infant
- B. Factors that influence growth and development
- C. Guides for infant care
- D. Disorders
    - 1. Otitis media
    - 2. Common cold
    - 3. Hernias
    - 4. Hydrocele
    - 5. Vomiting

        6. Pyloric stenosis
        7. Cystic fibrosis
        8. Phenylketonuria
        9. Infantile eczema
        10. Nutritional deficiencies
    E. Fluid therapy
    F. Battered child syndrome
    G. Normal nutrition and diet adaptations
    H. Pharmacology

IV. Nursing Care of the Toddler

- A. Review of general characteristics
- B. Guides to toddler care
    1. Speech development
    2. Mealtimes
    3. Toilet training
    4. Play
- C. Accident prevention
- D. Disorders
    1. Cerebral palsy
    2. Fractures
    3. Pinworms
    4. Croup
    5. Bronchial conditions
    6. Pneumonia
    7. Nephrosis
    8. Deafness
- E. Normal nutrition and diet adaptations
- F. Pharmacology

V. Nursing Care of the Preschooler

- A. Review of general characteristics
- B. Guiding the preschool child
    1. Discipline
    2. Bad language
    3. Jealousy
    4. Nursery school
    5. Daily care
    6. Independence
- C. Overview of play in health and disease
- D. Disorders
    1. The retarded child
    2. Leukemia
    3. Tonsillitis and adenoiditis
    4. Asthma
    5. Acute glomerulonephrites and urinary tract infection
    6. Strabismus
    7. Communicable diseases

    E. Normal nutrition and diet adaptations
    F. Pharmacology

VI. Nursing Care of the School Age Child

    A. Review general characteristics
    B. Physical care
    C. Guidance of the school age child
    D. Disorders
        1. Rheumatic fever
        2. Appendicitis
        3. Burns
        4. Pediculus capitis
        5. Diabetes mellitus
        6. Emotional disturbances
    E. Nutritional variations
    F. Pharmacology

VII. Nursing Care of the Adolescent

    A. Review general characteristics
    B. Review physical, mental and social development
    C. Care and guidance of the adolescent
    D. Problems of parents
    E. Disorders
        1. Tuberculosis
        2. Obesity
        3. Acne vulgaris
        4. Dysmonorrhea
    F. Emotional disturbances
    G. Drug abuse
    H. Diet adaptations
    I. Pharmacology

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Poulos, Jean. "Why Is Johnny Dead?" Bedside Nurse. 3: 27. December, 1970.

Ross, Milton. "Tough Problem for Teenagers." Family Health. 2: 30. April, 1970.

Schmeider, Sister Genevinne Marie. "Oliver on the Pediatric Ward." American Journal of Nursing. 68: 2598. December, 1968.

NSG 107 PHARMACOLOGY

PLACEMENT: Second Quarter

COURSE DESCRIPTION:

Presents the student with facts concerning sources, effects, legalities, and usage of drugs as therapeutic agents. Conversion between systems, prescriptions of medications, drug classifications, and nursing implications are covered. Emphasis is placed on the nurse's responsibilities in relation to drug administration. Prepares the student for the process of administering and computing dosages of drugs. Practice opportunities are provided in classroom and clinical learning experiences.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: Basic math

SUGGESTED TEXTBOOKS:

Bergersen, Betty S., Pharmacology in Nursing. 12th ed. St. Louis: The C. V. Mosby Co., 1973.

Govoni, Laura E., Drugs and Nursing Implications. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1971.

Physician's Desk Reference. Oradell, New Jersey: Litton Publications, (current edition).

Squire, Jessie E. and Jean M. Welch. Basic Pharmacology for Nurses. 5th ed. St. Louis: The C. V. Mosby Co., 1973.

CENTRAL OBJECTIVE: To prepare the student to safely and effectively administer oral, rectal, parenteral, and topical medications; and within the legal role of a nurse, to practice skills in the administration of intradermal, subcutaneous, and intramuscular injections.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student will be able to:

1. Define pharmacology and prepare a flow chart of its history.
2. Describe the origins of therapeutic agents; locate information concerning sources of medications.
3. State information necessary for the safe and effective administration of medications within the legal role of the nurse and in accordance with hospital policy.

4. List routes of administration; describe forms, dosages, and measurements.

5. Correctly compute and convert within and between the metric, apothecary, and household systems to solve dosage problems.

6. Demonstrate the correct procedure for administering oral, rectal, and topical medications.

7. State the effects of medications on individuals in various stages of health and the nurse's responsibilities in observing, reporting, and recording these effects.

8. Demonstrate the correct procedure for administering intradermal, subcutaneous, and intramuscular injections; describe the procedure and the student nurse's role in intravenous administration of medications.

9. Classify commonly used medications by groups, systems, and methods of administration.

10. Communicate effectively with patients concerning medications they are receiving and self-medication.

11. Internalize a respect for pharmacological agents and exhibit sound judgment in matters concerning their administration, usage, and purpose.

PROCEEDINGS:

1. Students prepare to discuss the assignment before they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject matter.

4. The student assumes responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.
2. Unannounced quizzes of "sampling" may be given at any time and may be incorporated in the total possible points.
3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.
4. A comprehensive final exam will be given at the completion of the course.
5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.
6. The instructor will also evaluate the course in progress and at the end of the quarter.
7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retention of information. Suggested standardized tests: National League for Nursing, Nursing Including Pharmacology (NIP) (given during fourth quarter).

COURSE CONTENT:

I. Introduction to Pharmacology

  A. Definition and scope of pharmacology
  B. History
  C. Twentieth century drug therapy
  D. Therapeutic methods
  E. Common indications for drug therapy and uses of pharmacological agents

II. Sources and Standards of Therapeutic Agents

  A. Origins
    1. Animal
    2. Vegetable
    3. Mineral
    4. Synthetic
  B. Standards

III. Legal Implications

- A. Legislation
- B. Organizations for control
- C. Legal implications for nurses
- D. Hospital policy
- E. Drug abuse

IV. Routes of Adminstration, Dosages, and Forms of Therapeutic Agents

- A. Routes of administration
  - 1. Oral
  - 2. Parenteral
  - 3. Inhalation
  - 4. Topical
- B. Dosages and measurement
- C. Forms

V. Calculations of Dosages

- A. Metric
- B. Apothecary
- C. Household
- D. Problems dealing with conversion between systems

VI. Techniques in the Administration of Oral and Topical Medications

- A. Medicine orders
- B. Prescriptions
- C. Instruments for measurement
- D. Medicine cards
- E. Rules for administration
- F. Special situations
- G. Practice session in the laboratory

VII. Pharmacodynamics

- A. Factors affecting drug action
- B. Common adverse reactions
  - 1. Observation
  - 2. Reporting
  - 3. Recording

VIII. Techniques on the Administration of Parenteral Medications

- A. Intradermal
- B. Subcutaneous
- C. Intramuscular
- D. Intravenous
- E. Practice session in laboratory

IX. Pharmacologic Classification of Drugs and Nursing Implications

- A. Classifications of drugs
  - 1. Groups
    - a. Indications
    - b. Expected effects
    - c. Examples
  - 2. Systems affected
    - a. Indications
    - b. Expected effects
    - c. Examples
  - 3. Methods of administration
    - a. Indications
    - b. Expected effects
    - c. Examples
- B. Nursing responsibilities

X. Emotional Aspects of Drug Therapy and Self-Medication

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Conway, Barbara and others. "The Seventh Right." American Journal of Nursing. 70: 1040. May, 1970.

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Robinson, Donald. "The Big Question About Rx Drugs." Family Health. 3: 16. April, 1971.

PSY 120 HUMAN GROWTH AND DEVELOPMENT

PLACEMENT: Second Quarter

COURSE DESCRIPTION:

A study of the basic principles of physiological and psychological growth states of the child from conception through adolescence. Emphasis is on personality development presenting Erickson's and Freud's personality theories, nature vs. nurture theories, and influences of family size and structure.

COURSE HOURS PER WEEK: Class 5; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 5

PREREQUISITES: PSY 110 General Psychology

SUGGESTED TEXTBOOK:

Kaluger, George and Miriam Kaluger. Human Development of the Span of Life. St. Louis: The C. V. Mosby Co., 1974.

CENTRAL OBJECTIVE: To present the development theories and facts to the student for use as a foundation for understanding and implementing principles and techniques utilized in meeting the needs of children.

CONTRIBUTORY OBJECTIVES: The student should be able to:

1. Describe the physical development of the fetus.
2. Identify the sensory motor development in the first year of life.
3. Compare and contrast Freud's and Erickson's theories of personality development.
4. Identify the ages and stages through which a child progresses from ages one through ten.
5. List psychological tests for children.
6. Identify forms of discipline.
7. Identify forms of tensional outlets the child uses in different age periods.
8. Describe the effects of family living, structure and size.
9. Identify correct techniques for developing good eating, sleeping, toilet training, and playing habits.

10. Identify the behavior problems associated with childhood.

11. Identify the development of speech, reading ability, and imagination.

12. Discuss the development of the child's emotions from birth to ten years of age.

COURSE CONTENT:

I. Growth Before Birth

   A. Physical
   B. Behavioral
   C. Individual differences at birth
      1. Activity
      2. Sensory thresholds and adaptation
      3. Physiological reactions
      4. Irritability
      5. Role of inborn differences
         a. Level of activity
         b. Sensory thresholds
         c. Sensory adaptation and tendency to become "bored" by a stimulus
         d. Quality and intensity of physiological reactions
         e. Irritability

II. Physical Development

   A. First year of life
      1. Language and sociability
      2. Self-activity
      3. Gross motor behavior
      4. Fine motor and adaptive behavior
      5. Principles of development
         a. Cephalacaudal
         b. Proximodistal
         c. Ulnoradial
   B. Physical growth
      1. Height
      2. Weight
      3. Sex difference and maturation
      4. Gross motor development
      5. Fine motor development
      6. Handedness, eyes, vital functions
   C. Conceptual intelligence
      1. Preconceptual thought
      2. Intuitive thought
      3. Concrete operations
      4. Formal operations

D. Course of mental development

III. Development of Personality

A. "Surrogate mothers"
B. Foster homes
C. Moving away from people
    1. Need for self-sufficiency and independence
    2. Need for perfection and unassailability
D. Relatedness
E. Transcendence
F. Rootedness
G. Identity
H. Frame of orientation

IV. Social Learning Theories

A. The frightened rat
B. Aggressive children
C. Conditioning and reinforcement
D. Learning theories and psychoanalysis

V. Theories of Personality

A. Maslow's self-actualization theory
B. Rogers' self-theory
    1. Self-theories
    2. Phenomenal self
C. Self-image and neurosis
    1. Recognize
    2. Deny
D. Similarities and differences among the theories
    1. Freud-Bandura and Walters
    2. Psychoanalytic social learning theories
E. Freud's personality theory
    1. Oral stage
    2. Anal stage
    3. Phallic stage
    4. Oedipal stage
    5. Outency stage
    6. Puberty stage
F. Erikson's personality theory
    1. Trust vs. mistrust
    2. Autonomy vs. doubt
    3. Initiative vs. guilt
    4. Industry vs. inferiority
    5. Identity vs. role confusion
    6. Stimacy vs. isolation
    7. Generativity vs. self-absorption
    8. Integrity vs. despair

- G. Nature vs. nurture
    - 1. Spitz study
    - 2. Harlow study
    - 3. Deprivation study
        - a. Isabelle
        - b. Anna

VI. Adaptive Behavior

- A. Speech development
    - 1. Definitions
    - 2. Factors
        - a. Positive personal relationships
        - b. Home educational experience
        - c. Peer influence
        - d. Articulatory maturation
        - e. Anxiety
        - f. Bilingualism
- B. Development of language
    - 1. Specific uses of language
    - 2. Reasons for language retardation
    - 3. Types of language problems
        - a. Stuttering
        - b. Articulation
- C. Reading ability
    - 1. Definitions
    - 2. Reading readiness
    - 3. Reading retardation
    - 4. Development of reading interests
- D. Development of imagination
    - 1. Imaginary companions
    - 2. Day dreaming
    - 3. Telling stories

VII. The Child's Emotions

- A. Factors involved in development of emotions
    - 1. Individuality
    - 2. Age
    - 3. Environment
- B. Personality and body type
    - 1. Endomorph
    - 2. Ectomorph
    - 3. Mesomorph
- C. Common emotional needs
    - 1. Love and to be loved
    - 2. Dependency
    - 3. Belonging
    - 4. Appreciation and approval
    - 5. Discipline

- D. Anxiety and fear
    - 1. Definitions
    - 2. Stages of anxiety and fear
- E. Types of emotions
    - 1. Love
    - 2. Joy
    - 3. Anger
    - 4. Fear
    - 5. Hate
    - 6. Others

VIII. Family Size and Structure

- A. One child family
    - 1. Advantages
    - 2. Disadvantages
- B. Big family
    - 1. Advantages
    - 2. Disadvantages
- C. Studies of "problem families"
- D. Behavior of children
    - 1. Birth order
    - 2. Twins
- E. Adoption

IX. Family Living

- A. Traditional vs. nuclear family
- B. Changes in family
    - 1. Forces weakening U. S. family
        - a. Mobility
        - b. Women's changing role
        - c. Glorification of childhood
        - d. Limited usefulness
    - 2. Alternatives to family living
        - a. Communes
        - b. One-parent families
        - c. Couples without children

X. Behavioral Problems

- A. Causes
    - 1. Psychological approach
    - 2. Organic approach
- B. Types of problems
    - 1. Giftedness
        - a. Indentification of the brilliant
        - b. Characteristics of the intelligent
        - c. Personal and social characteristics
        - d. Social and cultural background

- 2. Brain disorders
    - a. Cerebral palsy
    - b. Epilepsy
    - c. Mental retardation
- 3. Brain injury
    - a. Endogenous
    - b. Exogenous
- 4. Perceptual handicaps
- 5. Emotional disturbances
    - a. Symptoms
    - b. Schizophrenia - autism

XI. Tests for Children

- A. Intelligence
    - 1. Definitions
    - 2. Measurement
- B. Individual intelligence tests
    - 1. Wechsler Intelligence Scale for Children
    - 2. Wechsler Preschool and Primary Scale for Children
    - 3. Stanford-Benet
    - 4. Group tests
- C. Behavior and development tests
    - 1. Purpose of tests
    - 2. Gesell developmental schedules
- D. Achievement and aptitude tests
    - 1. Definition of achievement and aptitude
    - 2. Use of tests
    - 3. Examples
        - a. California achievement tests
        - b. Iowa tests for basic skill
        - c. Stanford achievement tests

XII. Discipline

- A. Types of discipline
- B. Techniques with ages
- C. Punishment
    - 1. Definition
    - 2. Types of punishment
        - a. Physical
        - b. Isolation
        - c. Deprivation
        - d. Selecting own punishment
        - e. Ridicule
- D. Good discipline
    - 1. Definition
    - 2. Techniques
        - a. Give choices
        - b. Suggest substitutes
        - c. Face-saving commands

        - d. Share the work
        - e. Set up rituals
        - f. Bribing vs. reward

XIII. Tensional Outlets

- A. Definition
- B. Types of outlets
    1. Thumbsucking
    2. Pacifier
    3. Security blanket
    4. Toy animal
    5. Eye blinking
    6. Facial tics
    7. Masturbation
    8. Stuttering
    9. Head banging
    10. Rocking
    11. Temper tantrums

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THIRD QUARTER

NSG 103 MEDICAL-SURGICAL NURSING I

PLACEMEMT: Third Quarter

COURSE DESCRIPTION:

Provides beginning knowledge of the nursing care of patients with common problems caused by illness. Symptoms of illness, classification of diseases, pre and postoperative care, long-term illness and rehabilitation are included. Nursing needs of the patient with disorders and/or diseases of the cardiovascular and respiratory systems are stressed. Principles relating to care of the patient with long-term illness, in geriatric situations, during rehabilitation nursing, as well as the patient with cancer and the dying patient are studied. Objective-centered clinical learning experiences are planned on selected patients in the medical-surgical units of the hospital. Additional learning experiences are planned in the emergency room, operating room, recovery room, nursing homes, intermediate and extended care facilities, and other agencies to meet stated objectives.

COURSE HOURS PER WEEK: Class 9; Lab 0; Clinical 18

QUARTER HOURS CREDIT: 15

PREREQUISITES: NSG 101 Fundamentals of Nursing, PSY 110 General Psychology, NSG 107 Pharmacology, and NSG 106 Nutrition and Diet Therapy

SUGGESTED TEXTBOOKS:

Bergersen, Betty. Pharmacology in Nursing. 12th ed. St. Louis: The C. V. Mosby Co., 1973.

Howe, Phyllis S., Basic Nutrition in Health and Disease. 5th ed. Philadelphia: W. B. Saunders Co., 1971.

Johnston, Dorothy. Total Patient Care. 3rd ed. St. Louis: The C. V. Mosby Co., 1972.

Shafer, Sawyer, et al. Medical-Surgical Nursing. 5th ed. St. Louis: The C. V. Mosby Co., 1971.

Squire, Jessie E. and Jean M. Welch. Basic Pharmacology for Nurses. 5th ed. St. Louis: The C. V. Mosby Co., 1973.

CENTRAL OBJECTIVE: To provide the student with the opportunity to acquire the knowledge and develop the skills and assess the needs to implement an effective plan for meeting the basic care of patients with medical-surgical conditions.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Discuss the disease process and its causes.
2. Identify symptoms and results of diagnostic tests as clues to diseases.
3. Assimulate and carry out an effective nursing care plan for surgical patients.
4. Identify and implement rehabilitative procedures for the long-term and geriatric patient.
5. Assist in rendering effective nursing care to the patient with a terminal disease.
6. List the seven danger signals of cancer.
7. Devise and implement an effective nursing care plan for patients with commonly encountered respiratory and cardiovascular diseases.
8. Correctly perform cardiopulmonary resuscitation, catheterization, and isolation procedures.

CLINICAL OBJECTIVES: The first medical-surgical clinical experiences are provided and planned so that the student nurse will be able to:

1. Identify and utilize principles that are essential to the practice of nursing.
2. Utilize these principles in planning and implementing nursing care.
3. Begin to use the problem solving approach.
4. Function within his role as a nursing team member, complying with ethical and legal standards.
5. Locate and utilize essential information; identify patients' needs in relation to the nursing care plan.
6. Complete nursing care plans and transfer information from the nursing care plan to Kardex.
7. Accurately make and report pertinent nursing observations.

8. Evaluate nursing care by using nursing care plans and forms.

9. Demonstrate principles of effective body mechanics for nurses and patients.

10. Perform nursing techniques with adeptness, safety, and efficiency.

11. Assume responsibility for own learning and actions.

12. Demonstrate emotional maturity in the clinical setting.

13. Demonstrate personal integrity in relationship with others.

14. Comply with school nursing uniform standards by maintaining appropriate hairstyles, make-up and personal hygiene.

15. Use appropriate grammar in writing and speaking.

16. Listen effectively and modify conversation to meet needs of patient and team members.

17. Demonstrate tolerance for and acceptance of others.

18. Be prompt for duty.

19. Use free time constructively.

20. Demonstrate acceptance of ethical obligations of nursing.

EMERGENCY ROOM EXPERIENCE: Structured learning experiences in the emergency room are planned for three consecutive days concurrent with either Medical-Surgical I or II. Students are supervised by registered nurses in the area, with final responsibility resting with the nursing instructor. At the completion of these experiences, the student will be expected to:

1. Identify the role of the nursing team members in the emergency room.

2. Identify the different types of supplies and equipment in the emergency room and the different treatment rooms in the area.

3. Admit a patient to the emergency room.

4. Admit a patient to the hospital from the emergency room.

5. Assist the charge nurse with nursing care of patients in the emergency room.

6. Demonstrate ability in taking and recording blood pressure, respiratory rate, and pulse rate of patients in the emergency room.

7. Assist the physician in the physical examination and treatment of a patient in the emergency room.

8. Check oxygen and suction equipment for proper functioning.

9. Complete and give to the instructor a summation of the emergency room experience within one week following the activity. The summation will include personal reactions to the emergency room.

OPERATING ROOM AND RECOVERY ROOM EXPERIENCE: Planned learning experiences in the operating room and recovery room are scheduled for three days. Students are supervised by registered nurses in the areas, with final responsibility resting with the nursing instructor. After satisfactorily completing these experiences, the student will be able to:

1. Assist in the care of the patient in the immediate preoperative period.

2. Express in writing rules of safety observed as applied in the care of the patients while being transported to the operating room, in the operating room, and postoperatively.

3. Report on the procedure of surgical asepsis as observed in the operating room area.

4. Summarize the duties of the different operating room personnel; emphasize duties of the circulating nurse and the scrub nurse.

5. View an operative site and repair of the surgical opening.

6. Report on methods of suturing and bandaging observed.

7. Observe and report pertinent facts concerning the patient entering the recovery room from surgery.

8. Take and record blood pressure, respiratory rate, pulse rate, as necessary in the immediate postoperative care of a patient.

9. Position a patient correctly after surgery.

10. Move or assist a patient to move from bed to stretcher and stretcher to bed.

11. Identify and use equipment and supplies in the recovery room.

12. Identify in writing the role of the recovery room nurse.

13. Prepare a written statement summarizing personal reaction to the operating and recovery room experience.

14. Hand in written materials one week following rotation experience.

PROCEEDINGS:

1. Students are to be prepared to discuss their assignments when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points for computing grades.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor. Each student not making a "C" grade or above on each test should see her instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retention of information.

8. Clinical evaluation will be made on the basis of:
    a. Case studies
    b. Nursing care plans
    c. Medication, laboratory, and X-ray cards
    d. Individual conferences including:
        (1) Instructor evaluation
        (2) Student evaluation

COURSE CONTENT:

I. Introduction

- A. Development of medicine and surgery
- B. Causes of disease
- C. Predisposing factors of disease
- D. Classification of disease

II. How the Body Reacts to and Combats Disease

- A. Bacterial invasion
- B. Factors influencing pathogenicity
- C. Defenses against bacterial invasion
    - 1. Chemotherapy
    - 2. Immunity
        - a. Antigen-antibody reaction
        - b. Allergy
    - 3. Asepsis
        - a. Antiseptics and disinfectants
        - b. Sterilization
        - c. Central service department
    - 4. Isolation technique
- D. Hospital-acquired infections
    - 1. Staphylococal infection
    - 2. Others

III. Preoperative and Postoperative Nursing Care

- A. Admission of the preoperative patient
    - 1. Preoperative orders
        - a. Emotional preparation
        - b. Physical preparation
            - (1) Skin preparation
            - (2) Catheterization
            - (3) Valuables
            - (4) Enema
            - (5) Diet
            - (6) Medication
            - (7) Teaching
    - 2. Preoperative physical exam

B. Operative day
C. Anesthesia
D. Postoperative care
    1. Recovery room care
    2. Intensive care
    3. Pain and its alleviation
    4. Routine postoperative care
    5. Complications

IV. Nursing in Long-Term Illnesses, Geriatric Situations, and Rehabilitation

A. Factors related to chronic diseases
    1. Socioeconomic and cultural factors
    2. Psychosocial factors
B. Prevention and control of chronic disease
C. Prolonged illness and the family
    1. Home care programs
    2. Institutional care
D. Nursing care of patients with long-term illnesses
    1. Bedrest
    2. Incontinence
    3. Catheters
    4. Decubitus ulcers
    5. Exercise
    6. Pain
    7. Injections
    8. Dressings
    9. Dental care
E. Nursing care of geriatric patients
    1. Health problems of senescence
    2. Common disorders of the aged
    3. Specifics for nursing the elderly patient
F. Rehabilitative nursing
    1. The rehabilitation team
    2. Facilities
    3. Phases of care
    4. The patient's family
    5. Effects of rehabilitation
    6. Prosthesis, braces, and crutches

V. Nursing the Patient with Diseases of the Blood and Blood Forming Organs

A. Review of structure and function of the blood
B. Blood products and blood banks
C. Diagnostic tests and procedures
    1. Transfusion therapy
    2. Blood chemistry and electrolytes
    3. Specific nursing functions

- D. Nursing care
    - 1. Anemias
    - 2. Leukemia
    - 3. Hemophelia
    - 4. Vascular purpuras
    - 5. Lymphomas
    - 6. Splenomegaly and splenectomy
- E. Pharmacological agents
- F. Diet therapy

VI. Nursing the Patient with Diseases and Disorders of the Cardiovascular System

- A. Review of structure and function
- B. Coronary care unit
- C. Disorders of rate and rhythm
    - 1. Cardiac arrhythmias
    - 2. Auricular fibrillation
    - 3. Ventricular fibrillation
    - 4. Heart block
    - 5. Pacemakers
- D. Diagnostic tests and procedures
- E. Cardiopulmonary resuscitation
- F. Nursing care
    - 1. Disorders of the heart
        - a. Congenital heart diseases
        - b. Rheumatic fever and heart disease
        - c. Angina pectoris
        - d. Myocardial infarction
        - e. Congestive heart failure
        - f. Bacterial endocarditis
        - g. Heart disease in pregnancy
    - 2. Vascular disorders
        - a. Arteriosclerosis
        - b. Hypertension
        - c. Aneurysm
        - d. Thrombophlebitis
        - e. Varicose veins
        - f. Symphangitis
- G. Cardiovascular surgery
- H. Rehabilitation
    - 1. Social factors
    - 2. Psychological factors
    - 3. Economic factors
- I. Pharmacological factors
- J. Diet therapy

VII. Nursing the Patient with Diseases and Disorders of the Respiratory System

- A. Review of structure and function
- B. Types of respiration
- C. Diagnostic tests and procedures
- D. Nursing care
    - 1. Diseases of the upper respiratory tract
    - 2. Diseases of the lower respiratory tract
    - 3. Tracheostomy care
    - 4. Atelectasis, pneumothorax
    - 5. Lung surgery - chest tubes
    - 6. Chest wounds
- E. Pharmacological agents
- F. Diet therapy

VIII. Nursing the Patient with Cancer

- A. Cancer research
- B. Prevention and control
- C. Classification of tumors
- D. Symptoms of cancer
- E. Diagnostic tests and procedures
- F. Treatment
- G. Nursing care
    - 1. Emotional
    - 2. Physical
    - 3. Family
- H. Diet therapy
- I. Pharmacological agents

IX. Nursing Care of the Dying Patient

- A. Physical care
- B. Emotional aspects
    - 1. Patient
    - 2. Student
    - 3. Staff
- C. The family
- D. Post mortem care
- E. Diet therapy
- F. Pharmacological agents

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"A Cancer Guide for Practical Nurses." American Cancer Society. 1964.

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"Closed-Chest Method of Cardiopulmonary Resuscitation." American Journal of Nursing. 65: 105. May, 1965.

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Foster, Mary Ann. "Teaching Blood Groups and Reactions." Nursing Outlook. 14: 49-50. February, 1966.

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Wygant, W. E., Jr. "Dying, But Not Alone." American Journal of Nursing. 67: 574-577. March, 1967.

SOC 101 SOCIOLOGY

PLACEMENT: Third Quarter

COURSE DESCRIPTION:

A study of basic sociological principles and of the basic process of group behavior. Includes the study of social interaction, family and group life, social institutions, status and role, culture, population, structure and change, and community structure, both urban and rural.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITES: None

SUGGESTED TEXTBOOKS:

McNall, Scott G., The Sociological Experience. 2nd ed. Boston: Little, Brown and Company, 1971.

Ross, Carmen. Personal and Vocational Relationships in Practical Nursing. 3rd ed. Philadelphia: J. B. Lippincott Co., 1969.

CENTRAL OBJECTIVE: To prepare the student to assume her role in a multi-group setting.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Identify social problems and issues in the immediate social environment.

2. Develop a perspective of social life and social issues.

3. Introduce the basic factors in the social life of men.

4. Discuss the role and the scope of nursing in a dynamic social system.

5. Name the various agencies involved in health maintenance and discuss their organization and functions.

6. Develop a personal concept of the nurse's place on the health team in relation to the places of other community groups.

7. Adapt attitudes in order to adjust to group situations by implementing guidelines utilized in this course.

COURSE CONTENT:

I. Sociology and Science

- A. Definition of science
- B. Sociology as a science
- C. Functions of society
- D. Social versus nonsocial experience
- E. Society's norms
- F. Why people "obey" norms
- G. Culture and social structure
    - 1. Early human culture
    - 2. Cultural evolution
    - 3. The individual and culture
    - 4. Folkways, mores, and norms
    - 5. Horizontal
    - 6. Vertical
    - 7. Norms and social class
    - 8. Differences in norms
    - 9. Barriers between classes
    - 10. Upward mobility

II. Position and Role

- A. Categories of position
    - 1. Age and sex
    - 2. Family
    - 3. Occupation
    - 4. Friendships and interests
    - 5. Social status
- B. The nature of "role"
- C. Role and personality

III. Conformity

- A. Conformity, counterconformity and independence
    - 1. True conformity
    - 2. Expedient conformity
- B. Milgram's experiment on conformity
- C. Asch experiment
- D. Crutchfield experiments
- E. Group factors in conformity
    - 1. Size
    - 2. Unanimity
    - 3. Status
    - 4. The individual's relation to the group
- F. Individual factors
    - 1. Sex differences
    - 2. Cultural background
    - 3. Motive to be liked and accepted
    - 4. Individual values

G. Conformity proneness

IV. Attitudes - Feelings, Beliefs, Opinions

A. Sources of attitudes
B. Why attitudes persist
    1. Emotional element
    2. Selective perception
    3. Reinforcement by the group
C. Attitudes and "balance" - balance theory
D. Applications of the balance theory
E. Dissonance theory
F. Dissonance and attitude change
G. Influencing attitudes and opinions - communication

V. The Biological Factor

A. Animal basis of culture
B. Adjustment problem
C. Nature of variability
D. Race

VI. The Geographical Factors

A. Influence on physical type
B. Influence on social behavior
C. Influence on civilization
D. Natural resources
E. Influence of culture

VII. Group Behavior

A. Social control
B. Nature of integration
C. Sociometry

VIII. Role and Status

A. Social differentiation
B. Social stratification
C. Social class
D. Social mobility

IX. Crowds and Publics

A. Bases of crowd behavior
B. Publics
C. Public opinion management

X. Social Control and Conformity

- A. Nature of social control
- B. Techniques of social control
- C. Effectiveness of social control
- D. Social consequences of social control

XI. Group and Personality

- A. Bases of group influence on personality
- B. Personality type

XII. Culture and Personality

- A. Differences in personality between societies
- B. Technology and personality
- C. Cultural change and personality

XIII. Socialization and Social Deviation

- A. Factors in social deviation
- B. Cultural factors unfavorable to health
- C. Social orientation to deviation
    - 1. Remedial approach
    - 2. Preventive approach

XIV. Communities

- A. Community and ecology
- B. Human ecology
- C. Urbanization
- D. Community characteristics
- E. Community patterns
- F. Adjustment and community life

XV. Distribution of Population

- A. World distribution
- B. Distribution by continents
- C. Distribution in the U. S.
- D. Rural-urban distribution

XVI. Growth of Population

- A. World population
- B. Birth rates
- C. Death rates

XVII. Social Order

A. Structure and function
B. Social system
C. Disorder
D. Social institutions
E. Health needs of society
  1. Local, national, international needs
  2. Individual needs
  3. Community needs
F. Community health problems
  1. Socioeconomic factors
  2. Individual needs
  3. Community needs
  4. Individual health problems
  5. Community health nursing

XVIII. Society and the Economic Institutions

A. Origins and development
B. Modern economic order
C. Problems of adjustment

XIX. Governing Institutions of Society

A. Simple cultures
B. Political state
C. Characteristics of modern government
D. Government by whom?

XX. War and International Relations

A. Conflict between groups
B. Biological basis
C. Early warfare
D. The powers
E. Social change and war
F. Programs for peace

XXI. Religious Institutions

A. Nature of religion
B. Beginnings of religious organization
C. Modern religious trends
D. Competition from nationalism and ideologies

XXII. The Family

A. Beginnings of family organization
B. Variations in family organization

- C. Modern urban family
- D. Modern divorce
- E. Factors in married life producing unhappiness
- F. Children
- G. Future of the family

XXIII. Institutions

- A. Institutions as parts of a social system
- B. Function
- C. Institutional effects of economic fluctuations

XXIV. Processes of Cultural Change

- A. Cultural growth
- B. Principle of continuity
- C. Diffusion
- D. Rate of cultural growth
- E. Growth of civilizations
- F. Resistances to the growth of culture

XXV. Social Effects of Innovation

XXVI. Social Disorganization

- A. Concept of disorganization
- B. Equilibrium and change
- C. Rates of change

XXVII. Society and Adjustment

- A. Social progress
- B. Social control
- C. Factors basic to group life
- D. Rapidity of change
- E. Social planning

XXVIII. Groups and Leaders

- A. Qualities of leadership
- B. Specialist and the "great man"
  - 1. Amount of activity in the group
  - 2. Ability to perform the task
  - 3. Personal likability
- C. Group dynamics - Kurt Lewin

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FOURTH QUARTER

NSG 104 MEDICAL-SURGICAL NURSING II

PLACEMENT: Fourth Quarter

COURSE DESCRIPTION:

The study of illness in body systems includes etiology, diagnosis, treatment and nursing care. Communicable diseases of the adult as well as disaster and emergency nursing are included. Patient teaching and rehabilitation are stressed as intrinsic aspects of the nursing process. Objective-centered learning sessions are planned in medical-surgical units of local hospitals, with additional learning experiences planned in the emergency room, operating room, recovery room, and intermediate and extended care facilities. Functioning as a member of the nursing team and the utilization of all health team members to promote and achieve total patient care are important aspects of this experience.

COURSE HOURS PER WEEK: Class 8; Lab 0; Clinical 24

QUARTER HOURS CREDIT: 16

PREREQUISITE: NSG 103 Medical Surgical Nursing I

SUGGESTED TEXTBOOKS:

Bergersen, Betty. Pharmacology in Nursing. 12th Ed. St. Louis: The C. V. Mosby Co., 1973.

Govoni, Laura and Janice Hayes. Drugs and Nursing Implications. 2nd Ed. New York: Appleton-Century-Crofts, 1971.

Howe, Phyllis. Basic Nutrition in Health and Disease. Philadelphia: W. B. Saunders Co., 1971.

Johnston, Dorothy. Total Patient Care: Foundations and Practice. Rev. ed. 3rd ed. St. Louis: The C. V. Mosby Co., 1972.

Thomas, Virginia. Life Sciences for Health Technologies. California: Technicourse, Inc., 1970.

CENTRAL OBJECTIVE: To provide the opportunity for the student to acquire the knowledge and develop the skills needed to assess and implement an effective plan of care for patients with medical-surgical conditions.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Devise and implement an effective nursing care plan for patients with commonly encountered diseases and disorders of the following body systems: gastrointestinal, urinary, reproductive, musculo-skeletal, endocrine, nervous, and integumentary.
2. Recognize common communicable diseases found in the adult and use this knowledge in meeting the needs of the patient and in protecting self and environment.
3. State factors necessary for effective functioning of a community in time of disaster.
4. Describe and be prepared to implement emergency procedures as designated.

CLINICAL OBJECTIVES: Medical-surgical clinical experiences are provided and planned so that the student nurse will be able to:

1. Identify and utilize principles that are essential to the practice of nursing.
2. Utilize these principles in planning and implementing nursing care.
3. Begin to use the problem-solving approach.
4. Function within his role as a nursing team member complying with ethical and legal standards.
5. Locate and utilize essential information; identify patients' needs in relation to the nursing care plan.
6. Complete nursing care plans and transfer information from the nursing care plan to the Kardex.
7. Accurately make and report pertinent nursing observations.
8. Evaluate nursing care by using clinical nursing forms and plans.
9. Demonstrate principles of effective body mechanics for both nurse and patients.
10. Perform nursing techniques with adeptness, safety, and efficiency.
11. Assume responsibility for own learning and actions.
12. Demonstrate emotional maturity in the clinical setting.

13. Demonstrate personal integrity in relationship with others.

14. Comply with school nursing uniform standards by maintaining appropriate hairstyles, make-up, and personal hygiene.

15. Use appropriate grammar in writing and speaking.

16. Listen effectively and modify conversation to meet needs of patient and others.

17. Demonstrate tolerance for and acceptance of others.

18. Accept responsibility as a student and a health-care worker.

19. Actively participate in ward conferences.

20. Be prompt for duty.

21. Use free time constructively.

22. Demonstrate acceptance of ethical obligations to nursing.

EMERGENCY ROOM EXPERIENCE: Learning experiences are planned in the emergency room on three consecutive days concurrent with either Medical-Surgical I or II. During this time students shall be under the supervision of registered nurses in the area, with final responsibility resting with the nursing instructor. At the completion of these experiences, the student will be expected to:

1. Identify the role of the nursing team members in the emergency room.

2. Identify the different types of supplies and equipment in the emergency room and the different treatment rooms in the area.

3. Admit a patient to the emergency room.

4. Admit a patient to the hospital from the emergency room.

6. Take and record blood pressure, respiratory rate, and pulse rate of patients in the emergency room.

7. Assist the physician in the physical examination and treatment of a patient in the emergency room.

8. Check oxygen and suction equipment for proper functioning.

9. Complete and give to the instructor a summation of the emergency room experience within one week following the activity. The summation will include personal reactions to the emergency room.

OPERATING ROOM AND RECOVERY ROOM EXPERIENCE: Learning experiences are planned in the operating room and recovery room for three days. During this time the student shall be under the supervision of registered nurses in the areas, with final responsibility resting with the nursing instructor. After satisfactorily completing these experiences, the student will be able to:

1. Assist in the care of the patient in the immediate preoperative period.
2. Express in writing rules of safety observed as applied in the care of the patients while being transported to the operating room, in the operating room, and postoperatively.
3. Report on the procedure of surgical asepsis as observed in the operating room area.
4. Summarize the duties of the different operating room personnel: emphasize duties of the circulating nurse and the scrub nurse.
5. View an operative site and repair of the surgical opening.
6. Report on methods of suturing and bandaging observed.
7. Observe and report on care given immediately postoperatively in route to the recovery room.
8. Demonstrate observing and reporting pertinent facts concerning the patient entering the recovery room from surgery.
9. Demonstrate taking and recording blood pressure, respiratory rate, pulse rate, as necessary in the immediate postoperative care of a patient.
10. Position a patient correctly after surgery.
11. Move or assist a patient to move from bed to stretcher to bed.
12. Use equipment and supplies in the recovery room appropriately.
13. Identify in writing the role of the recovery room nurse.
14. Prepare a written statement summarizing reaction to the operating and recovery room experience.
15. Hand in written materials one week following rotation experience.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come

to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The student assumes responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at anytime.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retention of information.

8. Clinical evaluation will be made on the basis of:
   a. Case studies
   b. Nursing care plans
   c. Medication, laboratory, and X-ray cards

d. Individual conferences, including:
    (1) Instructor evaluation
    (2) Student evaluation

COURSE CONTENT:

I. Nursing Care of the Patient with Diseases and Disorders of the Gastrointestinal Tract

- A. Review of structure and function
- B. Diagnostic tests and procedures
    - 1. Tests and procedures
    - 2. Nursing functions
- C. Nursing care - gastrointestinal disorders
    - 1. Inflammatory diseases
    - 2. Tumors
    - 3. Peptic ulcer
    - 4. Intestinal obstruction
    - 5. Hernia
    - 6. Hemorrhoids
    - 7. Functional disorders
- D. Nursing care - disorders of accessory organs of digestion
    - 1. Liver disorders
    - 2. Biliary disorders
    - 3. Pancreatic disorders
- E. Diet therapy
- F. Pharmacological agents

II. Nursing Care of the Patient with Diseases and Disorders of the Urinary Tract

- A. Structure and function
- B. Diagnostic tests and procedures
    - 1. Tests and procedures
    - 2. Nursing functions
- C. Urinary output and composition
    - 1. Normal output and composition
    - 2. Retention
        - a. Suppression (Anuria)
        - b. Residual urine
    - 3. Incontinence
    - 4. Enuresis
    - 5. Abnormal constituents
- D. Nursing care
    - 1. Specific procedures
        - a. Intake and output
        - b. Urinary drainage
        - c. Catheter care (all types)
        - d. Catheter irrigation
    - 2. Noninfectious diseases

        3. Infectious diseases
        4. Obstructions
        5. Traumatic injuries
        6. Tumors
        7. Renal failure - uremia
        8. Operative conditions
    E. Dialysis
        1. Peritoneal
            a. Physical care
            b. Emotional care
        2. Hemodialysis
            a. Physical care
            b. Emotional care
    F. Diet therapy
    G. Pharmacological agents

III. Nursing Care of the Patient with Diseases and Disorders of the Reproductive System

    A. Structure and function
        1. Male
        2. Female
        3. Puberty, menstruation, and menopause
    B. Diagnostic tests and procedures
        1. Tests and procedures
        2. Nursing responsibilities
    C. Nursing care
        1. Female - conditions affecting
            a. External genitalia and vagina
            b. The cervix and uterus
            c. The ovaries and fallopian tubes
            d. The breasts
        2. Male - conditions affecting
            a. External genitalia
            b. Testes and adjacent structures
            c. The prostate
    D. Diet therapy
    E. Pharmacological agents

IV. Nursing Care of the Patient with Diseases and Disorders of the Musculoskeletal System

    A. Structure and function
    B. Diagnostic tests and procedures
        1. Tests and procedures
        2. Nursing responsibilities
    C. Specific orthopedic nursing functions
        1. Cast care
        2. Application and maintenance of traction
        3. Turning frames

        4. Crutch walking
        5. Braces
        6. Other orthopedic devices
    D. Nursing care
        1. Congenital deformities
        2. Arthritis
        3. Infectious disorders
        4. Traumatic injuries
        5. Tumors
        6. Degenerative diseases
    E. Amputation
        1. Preoperative
        2. Postoperative
    F. Diet therapy
    G. Pharmacological agents

V. Nursing Care of Patients with Diseases and Disorders of the Endocrine System

    A. Structure and function
    B. Diagnostic tests and procedures
        1. Tests and procedures
        2. Nursing responsibilities
    C. Nursing care of diseases and disorders of:
        1. The thyroid
        2. The parathyroids
        3. The adrenals
        4. The pituitary
        5. The pancreas
            a. Diabetes mellitus
                (1) Classification and diagnosis
                (2) Symptoms
                (3) Hygiene
                (4) Treatment
                    (a) Diet
                    (b) Insulin
                    (c) Oral hypoglycemic agents
                (5) Diabetic acidosis and coma
                (6) Insulin reactions
                (7) Complications
                (8) Diabetes and pregnancy
                (9) Diabetes and surgery
            b. Hypoglycemis
    D. Diet therapy
    E. Pharmacological agents

VI. Nursing Care of Patients with Diseases and Disorders of the Nervous System

- A. Structure and function
- B. Diagnostic tests and procedures
    - 1. Tests and procedures
    - 2. Nursing responsibilities
- C. Pain
- D. Levels of consciousness
- E. Nursing care
    - 1. Infectious diseases
    - 2. Degenerative diseases
    - 3. Cerebral vascular accidents
    - 4. Convulsive disorders
    - 5. Head injuries
    - 6. Neuritis, neuralgia, and Bell's palsy
    - 7. Spinal injuries
    - 8. Ruptured intervertebral disk
    - 9. Tumors
    - 10. Surgical procedures
        - a. Laminectomy
        - b. Crainiotomy
- F. Diet therapy
- G. Pharmacological agents

VII. Nursing Care of Patients with Diseases and Disorders of the Eyes and Ears

- A. Structure and function
- B. Diagnostic tests and procedures
    - 1. Tests and procedures
    - 2. Nursing responsibilities
- C. Loss of sight and hearing
- D. Refractive errors of the eyes
    - 1. Myopia
    - 2. Hyperopia
    - 3. Astigmatism
    - 4. Stiabismus
- E. Color blindness
- F. Nursing procedures
    - 1. Instillation of eye drops
    - 2. Eye and ear irrigations
    - 3. Compresses
    - 4. Asepsis
- G. Nursing care
    - 1. Disorders of the eyes
        - a. Infectious disorders
        - b. Noninfectious disorders
        - c. Injuries
        - d. Eye surgery

        2. Disorders of the ears
            a. External ear
            b. Middle ear
            c. Inner ear
            d. Ear surgery
    H. Diet therapy
    I. Pharmacological agents

VIII. Nursing Care of Patients with Diseases and Disorders of the Integumentary System

    A. Structure and function
    B. Diagnostic tests and procedures
        1. Tests and procedures
        2. Nursing responsibilities
    C. Characteristics of skin lesion
    D. Nursing procedures
        1. Therapeutic baths
        2. Wet dressings
        3. Soaks
        4. Paste boots
    E. Nursing care
        1. Bacterial diseases
        2. Fungus infections
        3. Dermatitis
        4. Viral infections
        5. Disorders of pigmentation
        6. Disorders of glands
        7. Pruritis
        8. Tumors
        9. Disorders of the appendages
        10. Infestations
        11. Burns
        12. Skin grafting
    F. Diet therapy
    G. Pharmacological agents

IX. Nursing Care of Adult Patients with Communicable Diseases

    A. Causes
    B. Prevention
    C. Diagnostic tests and procedures
        1. Tests and procedures
        2. Nursing responsibilities
    D. Review of nursing procedures
        1. Medical asepsis
        2. Isolation
    E. Nursing care
        1. Bacterial diseases
            a. Diptheria
            b. Typhoid fever and paratyphoid fever
            c. Bacillary dysentery

- d. Tetanus
- e. Gas gangrene

2. Viral diseases
    - a. Measles, rubeola, rubella
    - b. Smallpox
    - c. Mumps
    - d. Rabies
    - e. Infectious mononucleosis
3. Rickettsial disease
4. Protozoal diseases
5. Veneral diseases
    - a. Syphilis
    - b. Gonorrhea

- F. Diet modifications
- G. Pharmacological agents

X. Nursing Care in First Aid, Emergency and Disaster Situations

- A. Accidents
    1. Causes
    2. Prevention
    3. Statistics
- B. First aid
- C. Emergency care
    1. Objectives
    2. Priority of care
    3. Identification
- D. Hospital accidents
- E. Disaster nursing
    1. Kinds of disasters
    2. Kinds of injuries
    3. Civil defense
    4. Nuclear explosions
- F. Emotional care in crisis situations
- G. Emergency medications
- H. Diet considerations

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Unit I. Diseases and Disorders of Gastrointestinal System

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Unit II. Diseases and Disorders of the Urinary System

Birum, Linda and Donna Zimmerman. "Catheter Plugs as a Source of Infection." American Journal of Nursing. 71: 2150. November, 1971.

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Unit III. Diseases and Disorders of Reproductive System

Fitzpatrick, Genevieve. "Caring for tne Patient with Cancer of the Breast, Part 1." Bedside Nurse. 3: 20-24. February, 1970.

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Unit IV. Musculoskeletal

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Unit V. Diseases and Disorders of the Endocrine System

Bortz, Edward L. and Desconess Louise Burroughs. "The Control of Infections in Diabetic Patients." American Journal of Nursing. 54: 1348-1350. November, 1954.

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Unit VIII. Diseases and Disorders of the Integumentary System

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Kerr, Richard R., "The LPN as ER Nurse." The Journal of Practical Nursing. 19: 32-33. August, 1969.

Kilpatrick, Helen M., "The Frightened Patient in the Emergency Room." American Journal of Nursing. 66: 1031-1032. May, 1966.

NSG 105 NURSING SEMINAR

PLACEMENT: Fourth Quarter

COURSE DESCRIPTION:

Comprehensive presentation of the nurse's legal and ethical responsibilities, standards of nursing, nursing organizations, and job opportunities are stressed. The Nurse Practice Act in its relation to legal practices and licenses is examined. The responsibilities and roles of the practical and the associate degree nurse, together with the history of nursing, are emphasized. Continued education to improve competencies in nursing is also emphasized.

COURSE HOURS PER WEEK: Class 2; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 2

PREREQUISITE: NSG 103 Medical-Surgical Nursing I

COREQUISITE: NSG 104 Medical-Surgical Nursing II

SUGGESTED TEXTBOOKS:

Kelly, Cordelia W., Dimensions in Professional Nursing. 2nd ed. New York: The Macmillan Co., 1968.

Ross, Carmen. Personal and Vocational Relationships in Practical Nursing. Philadelphia: J. B. Lippincott Co., 1969.

CENTRAL OBJECTIVE: To prepare those students electing to graduate to assume the role of the practical nurse. To prepare those students electing to continue into the fifth quarter to assume their role as students preparing to become associate degree nurses.

CONTRIBUTORY OBJECTIVES: The student will be able to:

1. Differentiate between functional and team nursing and the roles of the members.
2. Identify patients problems using Abedellah's 21 nursing problems as a guide.
3. Reidentify ethical and legal frameworks in nursing.
4. Describe desirable attitudes and behaviors of a graduate practical nurse.
5. Discuss personal responsibilities of the nurse to employer, to patient, and to self.

6. Write letters of acceptance and resignation.

7. Go for a job interview with confidence and poise.

8. Discuss the opportunities available to the graduate practical nurse.

9. Discuss the need for nurses to keep informed on current health trends.

10. Prepare for the licensure examination.

11. Describe the role and responsibilities of the registered nurse.

12. Explain the concept of technical nursing.

13. Prepare a flow sheet of the history of professional nursing.

14. Describe and implement the concepts involved in decision-making.

15. List the attributes necessary to be a team leader.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory practice or demonstration until a grade of S (satisfactory) is obtained
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understaniing of subject-matter.

4. The student assumes responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the student's comprehension and retention of information.

COURSE CONTENT:

I. The Nursing Team

   A. Nursing care patterns
   B. Roles of team members

II. Problem-solving

   A. Abedellah's 21 nursing problems
   B. Methods of problem-solving
   C. Implementation of methods

III. Ethical and Legal Responsibilities

   A. Code of ethics
   B. Legal aspects
   C. Ethical considerations

IV. Review of Nursing Organizations

   A. Practical nursing organizations
   B. Registered nursing organizations

V. Career Opportunities and Responsibilities

   A. Evaluating positions
   B. Securing and terminating positions
   C. Personal considerations and responsibilities

VI. Continuing Education

A. Resources
B. Responsibility

VII. History of Professional Nursing

A. Ancient history
B. 20th century history

VIII. Registered Nursing

A. Role and responsibilities of the registered nurse
B. Review of levels of registered nursing
C. Contrasting features of levels

IX. Decision-Making Process

A. Assessment
B. Resources
C. Implementation
D. Evaluation for future actions

X. Management of Patient Care

A. Leadership roles
B. Basic concepts

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Kron, Thora. Communication in Nursing. 2nd ed. Philadelphia: W. B. Saunders Co., 1972.

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Kubler-Ross, Elisabeth. On Death and Dying. New York: The Macmillan Co., 1969.

Kurtz, Harold P. and Margaret Burrows. Effective Use of Volunteers in Hospitals, Homes and Agencies. Springfield, Illinois: Charles C. Thomas, Publisher, 1971.

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McCaffery, Margo. Nursing Management of the Patient with Pain. Philadelphia: J. B. Lippincott Co., 1972.

McQuillen, Florence L., Fundamentals of Nursing Home Administration. Philadelphia: W. B. Saunders Co., 1969.

Matheney, Ruth V., et al. Fundamentals of Patient-Centered Nursing. 3rd ed. St. Louis: The C. V. Mosby Co., 1972.

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Nursing Procedures for the Practical Nurse. Columbus, Ohio: The Ohio Trade and Industrial Education Service, 1972.

Odiorne, George S., Management by Objectives. New York: Pitman Publishing Corp., 1968.

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Bendel, Irma. "Communication in Terms of Prognosis." The Journal of Practical Nursing. 19: 34-35. August, 1969.

Bennett, B. V., "Drug Distribution in Nursing Homes." Nursing Homes. 20: 18-21. May, 1971.

Brown, Clara K. and Mary K. McLean. "Utilization of the L.P.N. in an Extended Care Facility." Bedside Nurse. 4: 16-19. October, 1971.

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Farley, J. H., "The Climate for Growth, the Nurse's Role in a Changing Hospital Organization." Supervisor Nurse. 2: 46-47. June, 1971.

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Kasonof, David M., "Inservice Education: Audiovisual Equipment: A Guide to Buying the Best for Your Needs." RN. 34: 42-47. February, 1971.

Kern, M. S., "New Ideas About Drug Systems." American Journal of Nursing. 68: 1251-1253. June, 1968.

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Kraegel, Janet M., et al. "A System of Patient Care Based on Patient Needs." Nursing Outlook. 20: 257-264. April, 1972.

Labovitz, George H., "The Nursing Supervisor's Role." Supervisor Nurse. 1: 17. August, 1970.

Levy, Elbert E., "The Power and Mechanisms of Staff Organization." Nursing Homes. 21: 8. September, 1972.

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O'Brien, Maureen. "Evaluation: A Positive Constructive Approach to the Development of Potential." Supervisor Nurse. 2: 24. April, 1971.

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Unangst, C., "The Clinician's Use of Nursing Rounds." American Journal of Nursing. 71: 1566-1567. August, 1971.

FIFTH QUARTER

NSG 202 MATERNAL AND CHILD NURSING II

PLACEMENT: Fifth Quarter

COURSE DESCRIPTION:

A study of nursing intervention during the maternal cycle, including intensive care of premature infants. Emphasis is placed on family-centered care and health teaching, and recognizing deviations from the normal. Planning nursing care for group or individuals by utilizing cognitive, judgmental, and manipulative skills, and from knowledge acquired through related courses is stressed in implementing the nursing process. Nutrition, pharmacology, history, and legal aspects of nursing course content are integrated into clinical experiences for safe, effective nursing care which includes psychological, social, and emotional aspects of obstetrical and pediatric nursing practice. Objective-centered learning experiences are planned in clinical and community facilities.

COURSE HOURS PER WEEK: Class 5; Lab 0; Clinical 15

QUARTER HOURS CREDIT: 10

PREREQUISITE: NSG 102 Maternal and Child Nursing I

SUGGESTED TEXTBOOKS:

Anderson, Betty Ann, Mercedes E. Camacho, and Jeanne Stark. Pregnancy and Family Health. Vol. 1 in The Childbearing Family. New York: McGraw-Hill Book Co., 1974.

Bergersen, Betty. Pharmacology in Nursing. 12th ed. St. Louis: The C. V. Mosby Co., 1973.

Blake, Florence G., et al. Nursing Care of Children. 8th ed. Philadelphia: J. B. Lippincott Co., 1970. (Original Title: Essentials of Pediatric Nursing.)

Fitzpatrick, Elise, et al. Maternity Nursing. 12th ed. Philadelphia: J. B. Lippincott Co., 1971.

Keane, Claire B. and Benjamin F. Miller. Encyclopedia and Dictionary of Medicine and Nursing. Philadelphia: W. B. Saunders Co., 1972.

Williams, Sue Rodwell. Nutrition and Diet Therapy. 2nd ed. St. Louis: The C. V. Mosby Co., 1973.

CENTRAL OBJECTIVE: To identify the physiological, psychological and sociological implications affecting all family members in conditions involving mothers and children and to develop the necessary leadership abilities and understanding in planning and giving family-centered nursing care to mothers and children in complex situations.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Interpret and practice skills in personal relationships and communications in caring for the sick child and his family.
2. Recognize the illnesses or problems characteristic of different age-groups.
3. Compare the relationship of age and development to the child's physiological and emotional reactions.
4. Assess the impact of illness on the emotional, financial, and social wellbeing of the family unit.
5. Interpret the importance of family-centered care and the registered nurses' responsibility in contributing to family strength and stability.
6. Plan for continuity of care by assisting in teaching parents and children, and by referral of the patient and his family to other members of the health staff.
7. Utilize principles from the physical, psychological and social sciences in the planning, direction, and implementation of nursing care of the mother and her newborn infant.
8. Utilize community resources with an understanding of their functions in providing related services for parental and child health.
9. Implement anticipatory guidance and health supervision in parental and child care.
10. Identify unique characteristics of diseases, disorders, and injuries that specifically affect children.
11. Implement concepts of team leadership.
12. Evaluate current trends and practices in maternal-child health.

CLINICAL OBJECTIVES: Each nursing student should be able to synthesize the knowledge and skills learned after completing all previous objectives so that he will be able to:

1. Assume the role of the associate degree nurse as a part of the health team.

2. Utilize skills basic for the total care of patients, including meeting emotional, physical, and psychological needs of the patient.

3. Demonstrate communication skills to aid in his relationship with fellow members of the health team and the patients for which he cares.

4. Implement the associate degree nurse's role in the reproductive cycle by demonstrating the involvement of the family as a total unit.

5. Integrate principles of growth and development into nursing practice, comparing children of different age levels and of the same chronological age and meeting their needs in relation to these principles.

6. Identify unique characteristics of diseases, disorders, and injuries that specifically affect children and apply this knowledge to the management of their care.

7. Interact with patients to reduce anxiety and increase wellbeing in patients experiencing mental crisis.

8. Assess drugs as they affect the body systems, including measurements, dosages, desired and undesired effects, and nursing responsibilities in administering drugs.

9. Perform the role of the associate degree nurse as it relates to maintenance or restoration of proper nutrition in the patient.

10. Integrate principles and basic facts of the natural and biological sciences as they relate to the management of patient care.

11. Implement legal and ethical framework into nursing practice.

12. Employ the problem-solving approach in the assessment of patients' needs, in the researching of information related to nursing care, and in the planning of nursing care.

PROCEEDINGS:

1. Students should be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor

   e. Laboratory practice or demonstrations until a grade of S (Satisfactory) is obtained
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The student assumes responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the student's comprehension and retention of information.

8. Clinical evaluation will be made on the basis of:
   a. Case studies
   b. Nursing care plans
   c. Medication, laboratory, and X-ray cards
   d. Individual conferences including:
      (1) Instructor evaluation
      (2) Student evaluation

COURSE CONTENT FOR MATERNITY:

I. Overview and Orientation

  A. Curriculum approach
  B. Exploration of the students' concept of health
  C. Clinical facilities

II. Therapeutic Milieu

  A. Influencing factors
    1. Anxiety
    2. Strees
    3. Illness
    4. Social
    5. Psychological
    6. Physical
  B. Nurse's responsibility
    1. Covert and overt problems
    2. Problem-solving process
    3. Communication skills
    4. Nursing care planning
    5. Scientific principles related to safety

III. Approach to Patient Care

  A. Safety and environment
  B. Hygiene and comfort
  C. Observation
  D. Nutrition
  E. Elimination
  F. Activity, exercise, rest and sleep
  G. Fluid and electrolyte balance

IV. The Nursing Process

  A. Assessing
  B. Planning
  C. Implementing
  D. Evaluating

V. Review of the History and Modern Trends of Obstetrics

  A. History
  B. Development of trend towards family-centered obstetrical nursing
  C. Agencies

VI. Development of a New Life

- A. Fetal development
- B. Psychological and physiological effects of pregnancy on mother
- C. Prenatal influences
  - 1. Socioeconomic factors
  - 2. Environmental factors
  - 3. Psychological factors
  - 4. Drugs
- D. Prenatal care and education
  - 1. LeMaze method
  - 2. Reed

VII. Labor and Delivery

- A. Normal progress of labor
- B. Analgesia and anesthesia
- C. Immediate care and evaluation of newborn

VIII. The Puerperium

- A. Normal aspects
- B. Nursing implications and responsibilities
  - 1. Planning
  - 2. Leadership

IX. The Nurses' Role During Complications - Psychological, Social and Pragmatic Considerations

- A. Pregnancy
- B. Labor and delivery
- C. The puerperium
- D. Emergency childbirth
- E. Assessing for need of
  - 1. Factors indicating need
  - 2. Determining route
  - 3. Supplies and equipment
  - 4. Safety
- F. Surgical scrub
- G. Intraveneous medication

X. The Newborn

- A. Normal newborn
- B. Premature infant
- C. Respiratory disorders
- D. Infections
- E. Congenital malformations and anomalies in the newborn nursery
- F. Hemolytic diseases
- G. Metabolic disorders

XI. The Family Viewed as a Total Unit

- A. Definition
- B. Today's family
- C. Family disorganization
- D. Implications of marriage
- E. Developmental task
    - 1. Selection of mate
    - 2. Preparation for parenthood
- F. Marital relationships
- G. Family planning
- H. Factors affecting reproduction
- I. Effects of pregnancy on family roles

COURSE CONTENT FOR PEDIATRICS:

I. Orientation and Review of Nursing of Children, Growth, and Development

- A. Preparation of the child for hospitalization
- B. Growth and development review
    - 1. The infant: birth to 1 year
    - 2. The toddler: 1 to 3 years
    - 3. The school age child: 6 to 9 and 10 to 12 years
    - 4. Adolescence
- C. Nutrition related to growth and development
- D. Fluid and electrolytes related to children
- E. Play therapy
- F. Review of pediatric medications and treatments
- G. Effects of hospitalization and illness of child on family group
    - 1. Long-term ilnness
    - 2. Death

II. The Nursing Process Applied to the Child with Congenital Defects

- A. Orthopedic defects
    - 1. Clubfeet
    - 2. Congenital dislocation of the hip
- B. The infant in cardiac distress, nursing care, and the role of the nurse
    - 1. Acyanotic defects
        - a. Patent ductus arteriosis
        - b. Ventricular septal defect
        - c. Pulmonary stenosis
        - d. Coarctation of the aorta
        - e. Aortic stenosis
    - 2. Cyanotic defects
        - a. Tetralogy of fallot
        - b. Transportation of the great vessels (arteries)
        - c. Tricuspid atresia
        - d. Truncus arteriosus

- C. Gastrointestinal defects
  1. Cleft lip
  2. Cleft palate
  3. Atresia of the esophagus
  4. Megacolon
  5. Pyloris stenosis
- D. Defects of the genitourinary tract
  1. Absence of a kidney
  2. Horseshoe kidney
  3. Polycystic disease
  4. Hypospadias
  5. Phimosis
  6. Undescended testicle
  7. Hydrocele
  8. Exstrophy of the bladder
- E. Neurological developmental defects
  1. Spina bifida occulta
  2. Spina bifida with meningocele or meningomyelocele

III. The Nursing Process Applied to the Child with Limited Hospitalization

- A. Medical conditions
  1. Respiratory conditions
     - a. Pneumonitis
     - b. Croup
  2. Gastroenteritis
  3. Nephritis, acute glomerular
  4. Pyelonephritis
  5. Urinary tract infection
- B. Surgical conditions
  1. Tonsils and adenoids
  2. Hydrocephalus
  3. Intussusception

IV. The Nursing Process Applied to the Child Accident Victim

- A. Accidents
  1. Foreign bodies
  2. Poisoning
  3. Orthopedic injuries
  4. Burns
  5. Head injuries
- B. Battered child syndrome

V. The Nursing Process Applied to the Child with Prolonged Medical Supervision

- A. Nutritional aspects of the juvenile diabetic
- B. Nephrotic syndrome

C. Cystic fibrosis
D. Malabsorption syndrome (celiac disease)
E. Rheumatic fever
    1. Carditis
    2. Sydenham's chores
    3. Migratory polyarthritis
F. Convulsive disorders
G. Still's disease (rheumatoid arthritis)
H. Osteochondrosis (Legg-Calve-Perthes disease)
I. Cerebral palsy
J. The handicapped child, psychological implications
K. Muscular dystrophy
L. Syndromes of mental retardation
    1. Sturge-Wever
    2. Down's syndrome
    3. Myxedema
    4. Cruzon's syndrome
    5. PKU
    6. Congenital
    7. Neurofibromatosis
    8. DeLange's syndrome
    9. Hurler's syndrome
    10. XYY syndrome
    11. Turner's syndrome

VI. The Nursing Process Applied to the Child with a Grave Prognosis

A. Concept of death
B. Leukemia
C. Nephroblastoma (Wilms' tumor)
D. Sickle cell anemia
E. Tay-Sach's Disease
F. Chronic Glomerulonephritis

VII. The Nursing Process Applied to the Child with a Communicable Disease

A. Common viral and bacterial diseases
    1. Rubella
    2. Rubeola
    3. Varicella
    4. Variola
    5. Infectious parotitis
    6. Pertussis
    7. Polio
    8. Scarlet fever
    9. Diptheria
    10. Encephalitis
    11. Menengitis
B. Sequela of communicable disease

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BIO 202 HUMAN ANATOMY AND PHYSIOLOGY I

PLACEMENT: Fifth Quarter

COURSE DESCRIPTION:

A study of basic bodily functions, including chemistry and physics of the human organism. Emphasis is placed on interdependence of the various systems to total body functioning and homeostasis.

COURSE HOURS PER WEEK: Class 4; Lab 2; Clinical 0

QUARTER HOURS CREDIT: 5

PREREQUISITE: BIO 102 Basic Life Science, or equivalent

SUGGESTED TEXTBOOKS:

Kimber, Diana, et al. Anatomy & Physiology. 15th ed. New York: The Macmillan Co., 1966.

Miller, Marjorie A. and Lutie C. Leavell. Kimber-Gray-Stackpole's Anatomy & Physiology. 16th ed. New York: The Macmillan Co., 1972.

CENTRAL OBJECTIVE: The student will be able to operationalize facts relating to the interdependence of the various systems and the importance of the body's functioning as a unified whole in activities of daily living.

CONTRIBUTORY OBJECTIVES: The student will be able to:

1. Describe the scientific method.

2. Comprehend and utilize scientific measurements.

3. Define and explain with an example of each, selected tissue formations.

4. Identify and give a location of serous, mucous, synovial and cutaneous membranes.

5. Draw the skin layers identifying the following structures: epidermis, dermis, suderiferous glands, sebaceous glands, hair folicle, shaft and root, subcutaneous tissue.

6. Explain the importance of the skin.

7. List the functions of the skin.

8. Explain how the skin helps regulate body temperature.

9. Draw and label the parts of a neuron. Identify the myelin sheath.

10. Define neuroglia and microglia.

11. Describe connective tissues by listing unique characteristics and functions of each of the six types.

12. Define in writing the terms: matrix, collagen, elastic, reticular as they pertain to connective tissue.

13. Define homeostasis.

14. Locate and explain the interrelationships of body water and fluids.

15. Compare the motion of the molecule in gas, liquid, or solid matter.

16. Briefly explain the phenomenon of X rays (include use in medical diagnosis).

17. Identify carbon radical in structural formulae.

18. Define isomerism.

19. Describe and list identifying properties of hydrocarbons, halogen derivatives, alcohols, phenols, aldehydes, ketones, acids, esters, ethers, and amines.

20. Identify heterocyclic and organometallic compounds, carbohydrates, lipids, proteins and nucleic acid.

21. Explain the symbol "pH" and identify numerals associated with acid/basic "pH' levels.

22. Name the male hormone and its function.

23. Name the organs of the male reproductive system which manufacture and mature male sex cells.

24. Draw the male reproductive system and locate the following structures
    a. Testes
    b. Epididymis
    c. Scrotum
    d. Prostate
    e. Seminal vesicle
    f. Ductus diferens
    g. Penis

25. List and briefly describe the "secondary sex" characteristics of the male.

26. When shown a diagram of the male reproductive system, be able to trace the path of sperm from spermatozensis to ejaculation.

27. Identify the primary sex glands of the male and female reproductive systems.

28. Draw the female reproductive system and locate selected structures.

29. List three functions of the ovaries.

30. Describe the process of ovulation.

31. List the function of estrogen FSH, LH and LTH

32. Trace the route of the ovum from the ovary and identify where and when fertilization takes place.

33. Describe in writing endometrial changes during the menstrual cycle.

34. Define amenorrhea and dysmenorrhea.

35. Explain the two probable causes of menopause.

36. Define terms extracted from nomenclature list presented to class.

37. Differentiate between mitosis and meiosis.

38. Explain the physiological process of spermatozoon penetration of ovum. Identify in duration, in weeks of the periods of the ovum, embryo, and fetus.

39. Explain the basis of sex determination of the fetus.

40. Describe the development of the mesoderm, endoderm, and ectoderm and give physiological basis for changes.

41. Identify the amnion, chorion, desidua of the placenta.

42. Describe how nutrients are transported between mother and fetus.

43. Contrast the endocrine and exocrine systems as to mode of transportation of hormones.

44. Locate and describe functions of selected glands.

45. Identify hormones and their effects from a selected list. Indicate effects of hypersecretion and hyposecretion of each.

46. List three ways endocrine secretions are regulated.

47. List four general functions of blood.

48. Define plasma and identify normal components of plasma.

49. State the composition of blood and normal accepted values of erythrocytes, leukocytes, thrombocytes, hemoglobin and hemotocrit and the pH of whole blood.

50. Define leukopenia, leukocytosis, and thrombocytopenia.

51. Briefly explain the blood clotting process (use formula).

52. Identify two recipients or donors from the four blood types.

53. Explain two ways Rh negative blood can become Rh positive.

54. In writing, identify three types of granulocytes and two types of agranulocytes.

55. Briefly explain the meaning of a "complete blood count" and a "differential" white blood count. Give "normal" ranges.

56. Prepare a chart which differentiates sickle cell anemia, Cooley's anemia, pernicious anemia, and iron deficiency anemia.

57. Contrast leukemia in acute and chronic types by a graphic chart.

58. Identify three layers of tissue composing the heart.

59. Trace blood through the heart, including the pulmonary circulation and naming in order the various blood vessels, chambers, and valves through which it must pass.

60. Define the terms systole and diastole as they relate to the cardiac system.

61. Identify normal heart sounds through a stethoscope.

62. Draw the urinary system and locate: kidneys; ureters; urinary bladder; urethra; renal pelvis; cortex; medulla; calyx; helum.

63. Briefly explain the term anastomosis as it relates to the circle of Willis.

64. Identify the main arteries in the neck.

65. Name and locate the main arteries of the arm beginning with the right and left subclavian artery.

66. Identify the first branch of the abdominal aorta and name the three branches from it.

67. State the name of the main arteries carrying blood to the large and small intestines.

68. Identify the arteries involved in the bifurcation of the aorta.

69. Name the largest artery in the thigh.

70. Name four veins which empty venous blood into the portal vein.

71. Name and locate three veins in the forearm commonly used for intravenous injection sites.

72. Locate the inferior vena cava in relation to the aorta.

73. State four factors that affect arterial blood pressure.

74. Briefly explain the term "blood pressure gradient".

75. Name five sites commonly used to count the pulse rate.

76. Draw a nephron and locate: glomerulus; Bowman's capsule; proximal convuluted tubule; Henle's loop; distal tubule; and collecting tubule.

77. Describe in writing the function of the preceeding structures.

78. Identify the two hormones that affect the formation of urine and briefly describe their action.

79. Describe importance of fluid and electrolyte balance in the human body.

80. List three ways electrolyte balance is maintained in the human body.

81. State Starling's law of capillaries.

82. List 4 causes of edema.

83. Identify and explain how the four buffer systems affect acid-base regulation in the human body.

84. Explain in writing how the respiratory system aids in acid/base balance in the human body.

85. Explain the role of the urinary system in the regulation of acid/base balance in the human body.

86. Outline the clinical considerations in the regulation of the acid/base balance in the human body by identifying common cause, method of prevention, and nursing responsibilities for:
   a. Metabolic acidosis
   b. Metabolic alkalosis
   c. Respiratory acidosis
   d. Respiratory alkalosis

87. State two reasons why the capillaries are considered functionally the most important blood vessels.

88. Define:
   a. Excretion
   b. Secretion
   c. Suppression
   d. Retention
   e. Incontinence
   f. Obliguria
   g. Anuria
   h. Polyuria
   i. Hematuria
   j. Glycosuria
   k. Cystitis
   l. Micturition
   m. Diuresis

COURSE CONTENT:

I. History

   A. Overview of course
   B. Evaluation of science
   C. Branches of science
   D. Scientific method

II. Scientific Measurement

   A. Length
   B. Mass and weight
   C. Volume
   D. Density
   E. Energy and work
   F. Time
   G. Geologic time

III. The Body as a Whole

   A. Systems
   B. Organs (example)

C. Tissues
    1. Epithelial
        a. Squamous
            (1) Simple
            (2) Stratified
        b. Columnar
            (1) Pseudostratified ciliated epithelium
            (2) Simple
            (3) Ciliated
        c. Cubodial
            (1) Simple
            (2) Stratified
    2. Membranes
        a. Serous
        b. Mucous
        c. Synovial
        d. Cutaneous
    3. Skin
        a. Epidermis
        b. Dermis
        c. Hair follicle
        d. Sweat gland
        e. Sebaceous gland (associated generally with hair follicles)
    4. Nervous tissue
        a. Neurons - nerve cells
            (1) Axon
            (2) Dendrite
        b. Neuroglia
    5. Connective tissues
        a. Loose
        b. Cedipose
        c. Elcestic
        d. Fibrous
        e. Dense
        f. Reticular
    6. Cartilage
        a. Hyaline
        b. Fibrous
        c. Elastic
    7. Bone
    8. Muscle
        a. Cardiac
        b. Skeletal
        c. Smooth
D. Homeostasis
E. Body water and fluids
    1. Intracellular
    2. Extracellular
        a. Interstitual
        b. Plasma
        c. Serous

IV. Basic Physics

- A. Molecule
- B. Mechanics
- C. Sound
- D. Heat
- E. Magnetism
- F. Electricity
- G. Light
- H. X rays

V. Basic Organic

- A. Structural formula and isomerism
- B. Hydrocarbons
- C. Halogen derivatives
- D. Alcohols
- E. Phenols
- F. Aldehydes
- G. Ketones
- H. Acids
- I. Esters
- J. Ethers
- K. Amines
- L. Heterocyclic compounds
- M. Organometallic compounds
- N. Carbohydrates
- O. Lipids
- P. Proteins
- Q. Nucleic Acid

VI. Inorganic Metabolism Overview

- A. Water
- B. Electrolytes
- C. Acidbase balance
- D. Fluid imbalance

VII. Reproductive System

- A. Male reproductive system
  - 1. External organs
    - a. Scrotum
    - b. Penis
    - c. Congenital abnormalities of the penis: hypospadias and epispadias

    2. Internal organs of the male reproductive tract
        a. Testes: structure and location
        b. Epididymis
        c. Ductus deferens
        d. Ejaculatory duct
        e. Urethra
        f. Seminal vesicles
        g. Prostate
        h. Bulbourethral glands
    3. Endocrinology of the testes
        a. Physiology of the androgens
        b. Physiology of testosterone
        c. Interstitial cell function
        d. Feedback mechanism governing testosterone secretion

B. Female reproductive system
    1. External organs - structure and function
        a. Mons pubic
        b. Labia majora
        c. Labia minora
        d. Clitoris
        e. Vestibule
        f. Hymen
        g. Perineum
    2. Internal organs - structure and function
        a. Vagina
        b. Uterus
        c. Ovaries
        d. Oviducts
    3. Accessory organs
        a. Mammary glands - structure and function
        b. Physiology of mammary glands - hormonal conditioning of mammary function during puberty, pregnancy and lactation
    4. Endocrinology
        a. FSH, LH, and LTH - roles in ovarian physiology
        b. Endocrinology of the graffian follicle
        c. Endocrinology of the corpus luteum
        d. Physiology of estrogen and progesterone
        e. Preparation of uterus for implantation

C. Menstrual cycle and menopause
    1. Phases of menstrual cycle - hormone physiology
        a. Menstrual phase
        b. Proliferative phase
        c. Secretory phase
    2. Menstrual problems
        a. Amenorrhea
        b. Dysmenorrhea
    3. Physiology of menopause
        a. Deterioration of ovarian function
        b. Increase in hypophyseal gonadotrophins

D. Essential physiologic process of reproduction
  1. Gametogenesis
    a. Mitosis
    b. Meiosis
    c. Spermatogenesis
    d. Oogenesis and ovulation
  2. Fertilization
    a. Transport of ovum
    b. Site of fertilization
    c. Transport and capacitation of spermatozoa
    d. Physiology of spermatozoa penetration of ovum
  3. Determination of sex
    a. Autosomes
    b. XX chromosomes
    c. SY chromosomes
    d. Clinical considerations
  4. Cleavage
    a. Morula
    b. Blastocyst
    c. Implantation
    d. Twinning
  5. Embroyology - development of three germ layers
    a. Mesoderm
    b. Endoderm
    c. Ectoderm
  6. Pregnancy - fetal membranes and placenta of pregnancy
    a. Amnion
    b. Chorion
    c. Decidua
    d. Physiology of placenta

VIII. Endocrine System

A. General function
  1. Endocrine glands pour secretions directly into blood
  2. Correlation and control in harmony with the nervous system
  3. Endocrine glands include the hypophysis, thyroids, parathyroids, pancreatic islets, suprarenals, ovaries, testes and pineal; the placenta serves temporarily as an endocrine gland
B. Hypophysis
  1. Location and function
    a. Control of endocrine secretions
    b. Sella tursica
  2. Neurohypophysis
    a. Oxytocin
    b. ADH

    3. Adenohypophysis
        a. TSH
        b. ACTH
        c. STH
        d. FSH
        e. LH (ICSH)
        f. LTH
        g. MSH

C. Thyroid gland
    1. Structure and location
    2. Function
        a. Storage of thyroglobulin
        b. Regulation of BMR
    3. Effects of abnormalities

D. Pancreatic islets
    1. Location
    2. Structure
        a. Alpha cells
        b. Beta cells
    3. Function
        a. Physiology of insulin
        b. Physiology of glucagon

E. Parathyroid glands
    1. Location
    2. Structure
        a. Chief cells
        b. Oxyphil cells
    3. Functions
        a. Controls serum calcium level
        b. Calcium reabsorption from bone
    4. Abnormalities
        a. Hyposecretion - letany
        b. Hypersecretion - replacement of bone by fibrous tissue

F. Suprarenal glands
    1. Location
    2. Structure
        a. Cortex
        b. Medulla
    3. Function
        a. Function of androgens, gluco and mineralocorticaics
        b. Function of medullary catecholamines, epinephrine, and norepinephrine

G. Ovaries
    1. Location and structure
        a. Stroma
        b. Follicle
        c. Corpora lutea
    2. Function
        a. Secretion of estrogen
        b. Secretion of progesterone
        c. Ovulation
        d. Menstruation

      3. Hormonal control of ovulation
         a. FSH
         b. LH
         c. LTH
   H. Testes
      1. Location and structure
      2. Function
         a. Secretion of testosterone from Leydig cells
         b. Formation of spermatozoa
   I. Pineal gland
      1. Location and structure
      2. Possible functions
         a. Serotin secretion
         b. Controlling onset of puberty
   J. Placenta
      1. Location and structure
      2. Function - production of:
         a. HCG
         b. Estrogen
         c. Progesterone
   K. Control of endocrine secretions
      1. Neural innervation
      2. Positive feedback mechanisms
      3. Negative feedback mechanisms

IX. Internal Transport

   A. Body fluids
      1. Intracellular fluid
      2. Extracellular fluid
   B. Functions of blood
      1. Transport materials required by cells
      2. Maintenance of water content
      3. Maintenance of body temperature
      4. Protection against disease
   C. Composition of blood
      1. Water
      2. Proteins
      3. Inorganic salts
      4. Nutritive materials
      5. Waste products
      6. Red blood corpuscles
      7. White blood corpuscles
      8. Platelets
   D. Structures of circulation
      1. Arteries
      2. Arterioles
      3. Capillaries
      4. Venules
      5. Veins
      6. Heart (4 chambers)

- E. Blood solids
    - 1. Erythrocytes
    - 2. Leukocytes
        - a. Neutrophils
        - b. Lymphocytes
        - c. Monocytes
        - d. Eosincphils
        - e. Basophils
    - 3. Blood platelets
- F. Blood disorders
    - 1. Anemia
        - a. Sickle cell anemia
        - b. Cooley's anemia
        - c. Pernicious anemia
        - d. Iron dificiency anemia
    - 2. Leukemia
        - a. Acute types
        - b. Chronic types
- G. Blood plasma
    - 1. Composition of plasma
    - 2. Blood clot formation
    - 3. Plasma proteins
    - 4. Physiological shock
    - 5. Hemmorhage
    - 6. Blood typing
- H. The heart
    - 1. Cardiac cycle
    - 2. Control of the heart beat
    - 3. Rate of the heart beat
    - 4. Heart sounds
- I. Circulation of body fluids
    - 1. Blood circulation
        - a. Pulmonary circulation
        - b. Systemic circulation
    - 2. Blood pressure
        - a. Elasticity of the vessel walls
        - b. Pumping action of the heart
        - c. Blood volume
        - d. Peripheral resistance
        - e. Viscosity of the blood
    - 3. Extravascular fluids and the lymphatic system
        - a. Lymph
        - b. Lymph nodes
        - c. Lymphatic ducts
- J. Fetal and placental circulation

X. The Kidney

- A. Kidney functions
    - 1. Regulate volume and composition of blood

    - 2. Maintain acidbase equilibrium of the body
    - 3. Regulate osmotic action of the blood
    - 4. Eliminate excess water
  - B. Kidney structure
  - C. Nephron
  - D. Filtration
  - E. Urination

XI. Fluids and Electrolytes

  - A. Significance of fluid and electrolyte balance
    - 1. Maintenance of balance between three major fluid compartments
      - a. Plasma
      - b. Intersitial fluid
      - c. Intracellular fluid
    - 2. Relative distribution of total body water and electrolytes involved in homeostasis
  - B. General terminology
    - 1. Electrolyte
    - 2. Ion
      - a. Cation
      - b. Anion
    - 3. Milliequivalent
  - C. Composition of body fluids
    - 1. Major cation and anion in plasma and intersititial fluid
    - 2. Major cation and anion in intracellular fluid
    - 3. Gibbs-Donnan membrane equilibrium
  - D. Regulation of electrolyte balance
    - 1. Osmosis
    - 2. Sodium balance
      - a. Regulation by nemohypophysis and kidneys
      - b. Stimulation of hypothalamus by hypertonicity
      - c. Routes of sodium loss
    - 3. Potassium balance
  - E. Starling's law of the capillaries
    - 1. Serum hydrostatic pressure
    - 2. Serum colloid pressure
    - 3. Tissue hydrostatic pressure
    - 4. Tissue colloid pressure
    - 5. Starling's equation
  - F. Edema
    - 1. General definition
    - 2. Causes of edema
      - a. Heart failure or venous blockage
      - b. Low osmotic pressure
      - c. Symph blockage
      - d. Increased capillary permeability

G. Acid-base regulation
    1. pH
    2. Acids
    3. Bases
H. Buffer activity
    1. Buffers - general definition
    2. Buffer systems
        a. Bicarbonate - carbonic acid
        b. Hemoglobin - oxyhemoglobin
        c. Phosphate system
        d. Protein system
I. Respiratory regulation of acid-base balance
    1. Effects of CO_2 removal
    2. Chemoreceptors; carotid and aortic bodies
J. Urinary regulation of acid-base balance
    1. Excretion of hydrogen ions by renal tubule
    2. Urinary compensatory mechanisms
        a. Reabsorption of HCO -1
        b. Acidification of P83 -3
        c. NH_4 + 1 secretion 4
K. Clinical considerations in acid-base balance
    1. Causes of metabolic acidosis
    2. Causes of metabolic alkalosis
    3. Causes of respiratory acidosis
    4. Causes of respiratory alkalosis

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Clinical Symposia, published by the Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

Science, published weekly by the American Association for Advancement of Science, 1515 Massachusetts Avenue, N. W., Washington, D. C. 20005.

Science News Letter, published weekly by Science Service, Inc., 1719 N. Street, N. W., Washington, D. C.

The Sciences, published by the New York Academy of Sciences, 2 East 63rd Street, New York, New York 10021.

Scientific American, published monthly, 250 West 55th Street, New York, New York 10019.

BIO 206 MICROBIOLOGY

PLACEMENT: Fifth Quarter

COURSE DESCRIPTION:

A study of microscopic units of the human body as well as microorganisms. Emphasis is placed on the etiology of pathogens, with special considerations given to pathogenicity, virulence, resistance control, and immunity.

COURSE HOURS PER WEEK: Class 2; Lab 2; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: BIO 102 Basic Life Science

COREQUISITE: BIO 202 Human Anatomy and Physiology I

SUGGESTED TEXTBOOK:

Frobisher, Martin and Robert Fuerst. Microbiology in Health and Disease. 13th ed. Philadelphia: W. B. Saunders Co., 1973.

CENTRAL OBJECTIVE: The student will learn classifications and characteristics of microorganisms and demonstrate the ability to apply this knowledge to the physiology of destruction, removal, and inhibition of microorganismic growth.

CONTRIBUTORY OBJECTIVES: The student will be able to:

1. Identify selected parts of a cell and list the functions of these parts.
2. Identify selected microorganisms and describe primary identifying characteristic.
3. Observe cell activities and characteristics via the microscope and write a report on basic life processes essential for cellular survival.
4. Distinguish between sterilization and disinfection as to results.
5. Compare and contrast active and passive immunity.
6. Define infection and inflammation.
7. Describe the inflammatory process including body defenses.
8. Distinguish characteristic of an allergic reaction.

9. Identify selected pathogenic microorganisms, their mode of transmission, and the method of destruction.

10. Analyze the biochemistry of selected microorganisms and calculate the relevance to the growth and destruction of a specific microorganism.

11. Define anabolism, catabolism, metabolism, pinocytosis and phagocytosis.

12. Explain briefly in writing how ATP is produced and utilized in the body.

13. Explain in writing the location of intracellular, interstitial and intravascular fluid compartments.

COURSE CONTENT:

I. Introduction to the Study of Microorganisms

A. General classification of microorganisms
  1. Cellular organelles
    a. Protoplasm, cytoplasm, karyoplasm
    b. Plasma or cell membrane
    c. Nucelus, nucleolus
    d. Mitochondria
    e. Endoplasmic reticulum - smooth and rough
    f. Ribosomes
    g. Golyi apparatus
    h. Centricles
    i. Lysosomes
    j. Pinocytic vesicles
  2. Nuclear structure and function
    a. Chromatin, chromosomes
    b. DNA, composition
    c. Protein synthesis
      (1) Role of DNA
      (2) RNA's - three types
      (3) Structural protein and enzyme formation
B. Characteristics of algae, protozoa, yeasts, molds and helminths
C. Characteristics and types of bacteria
D. Characteristics of rickettsias and chlamyelias
E. Characteristics of the viruses

II. Laboratory Characteristics of Microorganisms

A. Physiology
  1. General bacterial physiology
  2. Physiology of microorganisms relative to environment

3. Activities of the cell
a. Motion
(1) Cemeboid
(2) Ciliary
b. Irritability
c. Respiration
d. Cytoplasmic streaming
e. Excretion and secretion
f. Cell division - process of mitosis
4. Physical characteristics of the cell
a. Diffusion
b. Osmosis
c. Active transport
d. Pinocytosis
e. Enzyme action
(1) Endoenzymes
(2) Exoenzymes
B. General laboratory concepts
1. Laboratory study of microorganisms
2. Useful microorganisms in diagnostic assays

III. Destruction, Removal, and Inhibition of Microorganisms

A. Introduction of basic principles
1. Sterilization
a. Heat
b. Radiation
c. Chemicals
d. Filtration
2. Disinfection
3. Inhibition of microorganisms
4. Sterilization and disinfection in produce
B. Physiology of inhibition and removal of microorganisms

IV. Infection, Immunity and Allergy

A. Components of blood
1. Formed elements
2. Plasma proteins
B. The blood relative to infection
1. Nonspecific resistance to infection
2. Specific resistance to infection
C. Active and passive immunity
D. Allergy

V. Pathogenic Microorganisms

A. Pathogens transmitted from the intestinal and/or urinary tract
1. Salmonellosis, higellosis and cholera
2. Enteric viral infections
3. Intestinal protozoa and helminthes

4. Brucellosis and lepto spirosis
5. Foods as vectors of infection and poisoning

B. Pathogens transmitted from the respiratory tract
   1. Staphylococcal, displococcal and streptococcal infections
   2. Corynebacterium diptheriae (diptheria)
   3. Laryngatrocheitis, Bordetella pertussis (whooping cough), Koch-Weeks bacillus (conjunctivitis) and fusobacterium fusiforme and borreliavin Centii (trench mouth)
   4. Microbacterium tuberculosis
   5. Hansen's bacillus (leprosy)
C. Pathogens transmitted from the genital tract
   1. Trachoma, inclusion conjunctivitis, and venereal granulomatosis
   2. The trepanematoses
   3. Gonorrhea, chancroid, trichomoniasis, and venereal herpes
D. Pathogens from the soil
   1. Gas gangrene
   2. Tetanus
   3. Anthrax
   4. Melroidosis
E. Pathogens transmitted in the blood
   1. Arthropod-borne bacterial infections
   2. Arthropod-borne reckettsial and viral infections
   3. Arthropod-borne protozoal and helminthes diseases

VI. Classification of various microorganisms

A. System of bacterial classification
B. Classification of representative viruses
C. Classification for protozoans and helminthes

VII. Metabolism/Biochemistry of Microorganisms

A. Chemical compounds vital to life processes
B. Anabolism, catabolism, metabolism
C. Pinocytosis and phagocytosis
D. Production and utilization of ATP

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Carpenter, Philip L., Microbiology. 3rd ed. Philadelphia: W. B. Saunders Co., 1972.

Faucett, D. W., An Atlas of Fine Structure: The Cell. Philadelphia: W. B. Saunders Co., 1966.

Pelczar, Michael and Roger D. Reid. Microbiology. 3rd ed. New York: McGraw-Hill Book Co., 1972.

Porter, K. R. and M. A. Bonneville. An Introduction to Fine Structure of Cells and Tissues. Philadelphia: Lea & Febiger, 1968.

Smith, Alice L., Principles of Microbiology. 7th ed. St. Louis: The C. V. Mosby Co., 1973.

Toner, Peter G. and Katherine E. Carr. Cell Structure. 2nd ed. Baltimore: The Williams and Wilkins Co., 1971.

Wheeler, M. F. and W. A. Volk. Basic Microbiology. Philadelphia: J. B. Lippincott Co., 1964.

Magazines

Clinical Symposia, published by the Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

Science, published weekly by the American Association for Advancement of Science, 1515 Massachusetts Avenue, N. W., Washington, D. C. 20005.

Science News Letter, published weekly by Science Service, Inc., 1719 N. Street, N. W., Washington, D. C.

The Sciences, published by the New York Academy of Sciences, 2 East 63rd Street, New York, New York 10021.

Scientific American, published monthly, 250 West 55th Street, New York, New York 10019.

SIXTH QUARTER

NSG 206 PSYCHIATRIC NURSING

PLACEMENT: Sixth Quarter

COURSE DESCRIPTION:

A study of the nurse's role in functioning therapeutically and in individual interpersonal relationships with the mentally ill patients who require hospitalization at some point during illness. Emphasis is placed on cognizance and utilizations of self as a therapeutic agent, identification of personality, and behavior deviations. Objective-centered clinical experiences are planned in acute care facilities, local mental health clinics, alcoholic rehabilitation centers, and other related agencies. Concepts acquired in all other courses will be emphasized in class and clinical situations to enhance synthesis and integration of the psychiatric components in nursing education.

COURSE HOURS PER WEEK: Class 6; Lab 0; Clinical 15

QUARTER HOURS CREDIT: 11

PREREQUISITES: NSG 104 Medical-Surgical Nursing II; PSY 110 General Psychology; PSY 120 Human Growth and Development; and SOC 101 Sociology

COREQUISITE: PSY 226 Abnormal Psychology

SUGGESTED TEXTBOOKS:

Kalkman, Marion E. and Anne J. Davis. New Dimensions in Mental Health-Psychiatric Nursing. New York: McGraw-Hill Book Co., 1974.

Matheney, Ruth V. and Mary Topalis. Psychiatric Nursing. 5th ed. St. Louis: The C. V. Mosby Co., 1970.

CENTRAL OBJECTIVE: To develop a conceptual framework of mental health; to demonstrate the ability to work with other members of the health team; and to assist the patient to obtain physical, mental and social well-being.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Describe the etiology, diagnosis, treatment, and prevention of mental illness.
2. Discuss basic concepts of personality and behavior.

3. Recognize the unique role of the nurse in the therapeutic environment.

4. List and describe resources used for treatment of patients with mental illness.

5. Give effective nursing care to patients with emotional problems based on an understanding of personality and behavior.

6. Identify and understand patient's behavior and nurse's behavior.

7. Identify needs of the individual patient.

8. Recognize level of need demonstrated by the patient at a given time.

9. Develop ability in identifying the need for continuity of care by assisting in teaching and in referral of patients and their families to other members of the health team.

PROCEEDINGS:

1. Students should be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
   a. Small group discussions
   b. "Sampling" by the instructor
   c. Problem-solving sessions involving small or whole groups
   d. Individual study and/or conference with instructor
   e. Laboratory demonstrations or practice
   f. Lecture by instructor
   g. Audiovisual learning activities
   h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

EVALUATION:

1. Students will be evaluated on clinical performance, participation, and daily unit preparation.

2. Oral and written quizzes and examinations may be given at any time.

3. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

4. The instructor will evaluate the course in progress and at the end of the quarter.

5. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retension of information.

6. Clinical evaluation will be made on the basis of:
   a. Case study
   b. Nursing care: planning and implementing
   c. Individual conferences involving student and instructor to be scheduled at regular intervals throughout the quarter, including summary conference at the end of the course.

COURSE CONTENT:

I. Overview of Mental Health and Mental Illness

   A. Scope of the problem
   B. Basic components of a healthy personality
   C. Therapeutic environment
   D. Changing role

II. Psychodynamics of Behavior and Personality

   A. Etiology of mental illness
   B. Social cultural factors
   C. Biological factors
   D. Psychological factors
   E. Emotional problems of children and adolescents

III. Developing Skills in Interaction

   A. Therapeutic interpersonal techniques
   B. Communicating with other members of the health team

IV. Principles of Psychiatric Nursing

   A. Individual therapy
   B. Group therapy
   C. Psychochemotherapy
   D. Other somatic therapies

V. Nursing Care of Patients with Functional Deviate Behavior Patterns

   A. The patient with neurotic manifestations
      1. Anxious patient
      2. Patient using ritualism
   B. The patient exhibiting cyclic behavior patterns
      1. Depressed patient
      2. Elated patient
      3. Patient considering suicide

- C. The patient with autistic or suspicious behavior
    - 1. Withdrawn patient (autism)
    - 2. Distrustful patient (suspicious)
- D. The patient with antisocial behavior
    - 1. Sexual deviation
    - 2. Alcoholism
    - 3. Drug addiction
- E. The patient who has problems because of organic brain syndrome
- F. The patient with psychosomatic disorders

VI. Nursing Care of Children with Organic Disorders

- A. Congenital anomalies
- B. Toxic disorders
- C. Behavior disorders with convulsions
- D. Mental retardation
- E. Minimal brain dysfunction

VII. Psychotherapy

- A. Client-centered therapy - self-actualization
- B. Psychoanalysis
    - 1. Free association
    - 2. Transference
- C. Behavior therapy - reciprocal inhibition
- D. Other types of psychotherapy
    - 1. Psychodrama
    - 2. Play therapy
    - 3. Group therapy
- E. The value of psychotherapy

VIII. Medical therapy

- A. Electroshock therapy
- B. Drugs
    - 1. Narcotics
    - 2. Tranquilizers
    - 3. Energizers
    - 4. Psychedelic drugs
- C. Effectiveness of medical therapy

IX. Crisis Intervention - Implications for Nursing Care

- A. Grief reaction
- B. Suicide
- C. Alcoholism
- D. Drug dependence

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Wu, R., "Explaining Treatments to Young Children." American Journal of Nursing. 65: 71-74. July, 1965.

Wessinger, N., "Nursing in a School for Interjacent Children." American Journal of Nursing. 66: 1220-1332. June, 1966.

BIO 203 HUMAN ANATOMY AND PHYSIOLOGY II

PLACEMENT: Sixth Quarter

COURSE DESCRIPTION:

A study of structure and functions of the human body is continued. The pathophysiological dynamics concerned with the processes that bring about disruptions of normal physiology and the various ways in which disruptions manifest themselves as symptoms, signs, and physical and laboratory findings are emphasized.

COURSE HOURS PER WEEK: Class 4; Lab 2; Clinical 0

QUARTER HOURS CREDIT: 5

PREREQUISITES: BIO 202 Human Anatomy and Physiology I and BIO 206 Microbiology

SUGGESTED TEXTBOOKS:

Kimber, Diana, et al. Anatomy & Physiology. 15th ed. New York: The Macmillan Co., 1966.

Miller, Marjorie A. and Lutie C. Leavell. Kimber-Gray-Stackpole's Anatomy & Physiology. 16th ed. New York: The Macmillan Co., 1972.

Snively, W. P., Jr. and Donna R. Beshear. Textbook of Pathophysiology. Philadelphia: J. B. Lippincott Co., 1972.

CENTRAL OBJECTIVE: The student will begin to assemble facts and evaluate the relevance of the information as evidence of a potential disruptive force to the body's functioning as a unified whole.

CONTRIBUTORY OBJECTIVES: The student will be able to:

1. Locate and describe
    a. Visceral pleura
    b. Parietal pleura
    c. Apex of lung
    d. Base of lung
    e. Mediastinum
    f. Palantine tonsils
    g. Pharyngeal tonsils
    h. Eustacian tubes
    i. Hilum
    j. Cardiac notch
2. Describe the function of the alveoli by explaining the exchange of gases in external respiration.
3. Explain the action of the diaphragm and ribs during respiration.

4. Briefly explain the action of carbon dioxide as a respiratory stimulant.

5. Define by description of somatic effects:
    a. Pneumothorax
    b. Atelectasis
    c. Hyperpnea
    d. Apnea
    e. Rales
    f. Ischemia
    g. Hypoxia
    h. Anoxia
    i. Necrosis
    j. Cyanosis
    k. Dyspnea
    l. Cheyne-Stokes respirations
    m. Hyperventilation

6. Name, locate and describe three of the nine cartilages which form the larynx.

7. Briefly describe in writing how the voice sounds are produced.

8. Define pleurisy, pleurisy with effusion, and empyema.

9. Classify the divisions of the nervous system on a structural basis and on a functional basis.

10. Define:
    a. Neuroglia
    b. Microglia
    c. Afferent neurons
    d. Efferent neurons

11. Diagram a three neuron reflex arc.

12. Compare the functions of sensory, internuncial, and motor neurons.

13. Locate and describe the following cavities: extradural, subdural, and subarachnoid.

14. Explain the function of the ventricles and cerebrospinal fluid.

15. Relate the formation and absorption of cerebrospinal fluid, include expected pressures.

16. Locate and list four functions of each the cerebral cortex and the hypothalmus.

17. Locate and list two functions of the cerebellum.

18. Name the lobes of the cerebrum associated with vision, hearing, speech, general sensation and voluntary motor activity.

19. Identify the vital centers located in the medulla oblongata.

20. Briefly describe the functions of the olfactory, optic, trigeminal, facial, and vagus cranial nerves.

21. Compare the general functions of the sympathetic with the parasympathetic nervous system.

22. Explain the relay action of a synapse. Identify chemical compounds involved and their effects.

23. Explain "reciprocal" innervation.

24. Locate and compare the cardiac orifice and pylaric orifice of the stomach.

25. Describe the muscular arrangement and action in the stomach.

26. Compare the formation and function of hydrochloric acid and pepsin in the stomach.

27. Describe the physiology of vomiting.

28. State two functions of the small intestine.

29. List the three divisions of the small intestine.

30. Briefly explain the ampulla of Vater as it relates to the common bile duct and the pancreatic duct.

31. Explain the term villi and list two functions.

32. Explain the terms "mesentry" and "greater omentum" by giving the general location of each and stating one function.

33. Locate and state one function of the ileocecal valve.

34. Locate the cecum, ascending colon, transverse colon, descending colon, and sigmoid colon.

35. State two functions of the large intestine.

36. Locate the rectum and state its approximate length.

37. Locate the anal canal in relationship to the rectum.

38. State the approximate size, the location, and four functions of the liver.

39. Define:
    a. Glycogensis
    b. Glycogenolysis
    c. Gluconeogensis
    d. Deamination

40. State one function of each of the following blood proteins:
    a. Prothrombin
    b. Heparin

41. State one function of the hepatic duct.

42. Locate and describe the structure of the gall bladder.

43. Name one function of the gall bladder.

44. Summarize the relationship between the hepatic duct, cystic duct, common bile duct and the duodenum by drawing the labeling a diagram.

45. State one function of bile.

46. Identify each of the following as to the way they relate to the gall bladder or to the production of bile:
    a. Jaundice
    b. Clay-colored feces
    c. Indigestion
    d. Cholecystitis
    e. Cholelithiasis

47. Draw a diagram showing the relationship of the pancreas with the duodenum, stomach, and spleen.

48. Name three enzymes found in the pancreatic juice and state the function of each.

49. Justify the label "exocrine gland" for the pancreas.

50. State the form in which carbohydrates, fats, and proteins are absorbed and utilized by the body.

51. Write a descriptive formula for glycogen formulation by the liver.

52. List four functions of bones.

53. Identify five types of bones.

54. List specific nutrients required for bone formation.

55. Identify the structure of a long bone; draw and label.

56. Define and give an example of four openings or depressions and five processes or projections found on bones.

57. Identify and locate the cranial sutures and the two major fontanels.

58. Identify and locate the bones of the axial and appendicular skeleton.

59. List three types of joints. Give an example of each. Draw and label the structure of a diarthrotic joint.

60. List six general movements of joints.

61. Define bursae. Locate two bursa.

62. Prepare a chart describing the following as to effects on body and treatment:
    a. Osteomyelitis
    b. Arthritis
    c. Fractures

63. Differentiate between simple, compound and Greenstrict fractures.

64. Compare a "dislocation" with a "sprain".

65. List four major functions of muscles.

66. List and describe the three parts of a skeletal muscle.

67. Compare the three kinds of muscle tissue as to location and nerve control.

68. Define and identify a tendon, ligament, fascia, aponeurosis, and muscle sheath.

69. Identify by contrasting "origin" and "insertion" of a muscle and "prime mover" with antagonists.

70. Define "muscle tone".

71. Describe the action at the neuromuscular junction, clarifying the role of acetycholine, and cholinesterase.

72. Briefly explain the somatic effects of muscular exercise. Include relevance in these areas:
    a. Muscle tissue
    b. Respiration
    c. Circulation
    d. Blood pressure
    e. Body temperature
    f. Urine

73. Identify three main muscles of the arm and shoulder.

74. Name the main muscle which flexes and that which extends the arm, forearm, thigh, and leg.

75. On a given diagram identify the location of the following muscles:
   a. Diaphragm
   b. Pectoralis major
   c. Serratus anterior
   d. Intercostals
   e. Trapezius
   f. Latissimus dorsi
   g. Gluteus maximus
   h. Gluteus medius
   i. Hamstring group
   j. Quadriceps femoris group
   k. Ileopsoas
   l. Sartorius
   m. Gastronemius
   n. Tibialis anterior
   o. Soleus
   p. Peroneus
   q. Sacrospinalis
   r. Digitorum
   s. Carpi
   t. Sternocleidomastoid

76. Identify three muscles which form the pelvis floor.

77. Define atrophy, hypertrophy.

78. Identify and list from externally to internally, the four main muscles forming the abdominal wall.

79. Locate and state specific action of these common muscles of the head and neck:
   a. Obicularis
   b. Buccinator
   c. Masseter
   d. Temporalis
   e. Sternocleido mastoid

80. State the prime action of:
   a. External oblique (back)
   b. Sacros pinalis

81. Draw and label the following structures of the eye:
   a. Cornea
   b. Sclera
   c. Choroid
   d. Retina
   e. Optic nerve
   f. Aqueous humor
   g. Vitreous humor
   h. Lens

82. State and explain the function of the rods and cones.

83. Identify the area of most acute vision.

84. Identify the "blind spot".

85. Explain the function of the vitreous humor.

86. Explain the function of the lacrimal apparatus.

87. Define:
   a. Myopia
   b. Hyperopia
   c. Presbyopia
   d. Astigmatism
   e. Cataracts
   f. Conjunctivitis
   g. Sty

88. List two functions of the ear.

89. Identify three ossicles in the middle ear, and state their general function.

90. Explain briefly the function of the eustachian tube.

91. Draw the cochlea and briefly explain its function in hearing.

92. Draw the semicircular canals and state their function.

93. Describe the sound transmission mechanisms by tracing sound from external auditory canal of the ear through the receptors and to the interpretors.

94. List two causes of deafness.

95. Define pathophysiology and briefly discuss its relevance in homeostasis.

EVALUATION: The student will take written lecture and laboratory examinations during the span of the quarter; be expected to complete 70 percent of all the work on all tests; demonstrate satisfactory laboratory activity; and actively participate in class discussions.

COURSE CONTENT:

I. Overview of Course

  A. Proceedings
  B. Evaluation

II. Respiratory Structure and Function

  A. Nasal cavity
  B. Pharnynx
  C. Larynx
  D. Trachea
  E. Lungs
    1. Bronchi
    2. Bronchioles
    3. Air sacs
    4. Alveoli
  F. Pleural Cavity
    1. Inspiration
    2. Expiration
    3. Use of the intercostal muscles
    4. Use of the diaphragm

III. Gas Exchange

- A. Transport of gas through the body
- B. Respiratory failure
  - 1. Electrocution
  - 2. Certain drugs
  - 3. Poisonous gases
  - 4. Drowning

IV. Nervous System - Structure and Function

- A. Central nervous system
  - 1. Brain
    - a. Medulla
    - b. Pons
    - c. Mid brain
    - d. Cerebellum and its functions
      - (1) Balance
      - (2) Motion
    - e. Interbrain
    - f. Cereburm
  - 2. Spinal cord
    - a. Three meninges that cover spinal cord
      - (1) Dura mater
      - (2) Vascular arachnoid
      - (3) Pia mater
    - b. Anterior horns of spinal cord
    - c. Posterior horns of spinal cord
    - d. Spinal nerves
    - e. Reflex activity
    - f. Reciprocal activity
- B. The autonomic nervous system
  - 1. Parasympathetic division
  - 2. Sympathetic division
- C. Peripheral nervous system
  - 1. Afferent fibers
  - 2. Efferent fibers
  - 3. Sensory nerves
  - 4. Motor nerves
  - 5. Cranial nerves
  - 6. Spinal nerves
- D. Receptors
  - 1. Touch
  - 2. Cold
  - 3. Pain
  - 4. Pressure
  - 5. Heat
- E. Effectors

- F. Neuron
    - 1. Dendrite
    - 2. Cell body
    - 3. Axon
- G. Nerve impulse
- H. Neural connections
    - 1. Afferent process
    - 2. Efferent process
    - 3. Synapse - chemical actions
    - 4. End plate potential

V. Mouth

- A. Structures of the mouth
    - 1. Pharynx and its general parts
        - a. Nasopharynx
        - b. Oral pharynx
        - c. Laryngeal pharynx
    - 2. Uvula
    - 3. Tonsils
    - 4. Adenoids
    - 5. Tongue
    - 6. Teeth
        - a. Deciduous teeth
        - b. Permanent teeth
- B. Mastication (chewing process)
    - 1. Salivary glands
    - 2. Ptyalin
- C. Deglutition

VI. Stomach

- A. Stomach
    - 1. Cardiac orifice
    - 2. Pyloric orifice
    - 3. Sphincter muscles
    - 4. Muscle layers and arrangement
- B. Three regions of the stomach
    - 1. Fundas
    - 2. Pyloric
    - 3. Body
- C. Gastric glands
- D. Hydrochloric acid
- E. Pepsin
- F. Vomiting
- G. Psychosomatic effects

VII. Intestines

- A. Duodenum, 1st section
- B. Jejunum, 2nd section
- C. Ileum, 3rd section
- D. Liver and bile information
- E. Other functions of the liver
  - 1. Glycogen formation
  - 2. Deamination
- F. Pancreas
- G. Colon

VIII. Bones of the Human Body

- A. Structure and information
- B. Joints
- C. Tendons and ligaments
- D. The axial skeleton
  - 1. Skull
    - a. Cranium
    - b. Facial bones
  - 2. Vertebral column and its five regions
  - 3. Sternum and ribs
    - a. Manubrium
    - b. Body
    - c. Xipoid process
    - d. True ribs
    - e. False ribs
    - f. Floating ribs
- E. The appendicular skeleton
  - 1. Shoulder girdle
    - a. Clavicle
    - b. Scapula
      - (1) Acroniom process
      - (2) Glenoid cavity
    - c. The arm
      - (1) Humerus
      - (2) Radius
      - (3) Ulna
    - d. Wrist (carpals)
    - e. Hand (metacarpals)
    - f. Fingers (phalanges)
- F. The pelvis
  - 1. Illium
  - 2. Ischium
  - 3. Pubis
- G. The leg
  - 1. Femur
  - 2. Patella
  - 3. Tibia
  - 4. Fibula

H. Ankle (tarsus)
  1. Talus
  2. Calcanus

I. Foot (metatarsals)

J. Toes (phalanges)

K. Skeletal disorders
  1. Osteomyelitis
  2. Arthritis
  3. Fractures
     a. Simple
     b. Compound
     c. Greenstick fracture
  4. Dislocation
  5. Sprain

IX. Muscle Physiology

A. Muscle structure
  1. Muscle fibers
  2. Myofibrils
  3. Sarcolemma
  4. Sarcomere

B. Neuromuscular junction
  1. Acetycholine
  2. Cholinesterase

C. Muscle tone

D. Effects of muscular exercise
  1. Increase in muscle tissue
  2. Increase in respiration
  3. Changes in circulation
  4. Elevation in blood pressure
  5. Rise in body temperature
  6. Change in urine

X. Muscles of the Human Body

A. Origin and insertion

B. Superficial muscles

C. Deep muscles

D. Sphincter muscles

E. Facial muscles
  1. Orbicularis oculi
  2. Orbicularis oris
  3. Masseter
  4. Pterygoideus intermus
  5. Platysma

F. Muscles used in shoulder movement
  1. Deltoid
  2. Trapezius
  3. Latissiums dorsi

- G. Arm muscles
    - 1. Biceps brachii
    - 2. Triceps
    - 3. Brachioradialis
    - 4. Extensor carpi
- H. Chest muscles
    - 1. Pectoralis major
    - 2. Serratus anterior
    - 3. Rectus abdominis
    - 4. External oblique
- I. Leg muscles
    - 1. Sartorius
    - 2. Vastus medialis
    - 3. Rectus femoris
    - 4. Vastus lateralis
    - 5. Gastrocnemius
    - 6. Soleus
    - 7. Biceps femoris
    - 8. Tibialis anterior
- J. Muscles of back
    - 1. External oblique
    - 2. Sacros pinalis
    - 3. Gluteus maximus

XI. Special Senses

- A. Vision
    - 1. External structures of the eye
        - a. Orbital cavity
        - b. Extrinsic ocular muscles
        - c. Eyelids
        - d. Conjunctive
        - e. Lacrimal glands
    - 2. Internal structures of the eye
        - a. Sclera
        - b. Cornea
        - c. Choroid
        - d. Ciliary body
        - e. Iris
        - f. Retina
        - g. Aqueous and vitrious humor
        - h. Lens
    - 3. Clinical considerations
        - a. Myopia
        - b. Hyperopia
        - c. Presbyopia
        - d. Astigmatism
        - e. Cataracts
        - f. Conjunctivitis
        - g. Sty

- B. Auditory sense
    - 1. Structure of the ear
        - a. Auricle
        - b. External auditory meatus
        - c. Tympanic membrane
        - d. Ossicular chain
        - e. Cochlea
        - f. Organ of corti
        - g. Semicircular canal
        - h. Vestibule
    - 2. Physiology of hearing
        - a. Sound transmission mechanisms
        - b. Nerve pathway
    - 3. Clinical considerations
        - a. Deafness
        - b. Tinnitus
- C. Olfactory sense
    - 1. Olfactory epithelium
    - 2. Physiology of smell - recent theories
- D. Gustatory sense
    - 1. Taste buds
    - 2. Physiology of taste

XII. Pathophysiology

- A. Manifestations and responses
- B. Nursing care implications

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Magazines

Clinical Symposia, published by the Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

Science, published weekly by the American Association for Advancement of Science, 1515 Massachusetts Avenue, N. W., Washington, D. C. 20005.

Science News Letter, published weekly by Science Service, Inc., 1719 N. Street, N. W., Washington, D. C.

The Sciences, published by the New York Academy of Sciences, 2 East 63rd Street, New York, New York 10021.

Scientific American, published monthly, 250 West 55th Street, New York, New York 10019.

PSY 226 ABNORMAL PSYCHOLOGY

PLACEMENT: Sixth Quarter

COURSE DESCRIPTION:

An introduction to behavior pathology - descriptions, dynamics, and modifications of abnormal behaviors, including neuroses, psychoses, and character disorders. Psychosomatic reactions are included as well as the behavior modification approaches to each disorder. Mental health maintenance is stressed.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: PSY 101 Introduction to Psychology
PSY 120 Human Growth and Development

SUGGESTED TEXTBOOKS:

Kolb, Lawrence. Modern Clinical Psychiatry. 8th ed. Philadelphia: W. B. Saunders Co., 1973.

Schafer, Halmuth H. and Patrick L. Martin. Behavioral Therapy. 2nd ed. New York: McGraw-Hill Book Co., 1975.

COURSE OBJECTIVES: At the completion of this course, the student should be able to:

1. Differentiate between normal and abnormal behavior according to the pathological, statistical, and cultural point of view.

2. Explain the components of the personality (id, ego, superego), the three levels of awareness (conscious, preconscious, unconscious), define anxiety and discuss the effects of anxiety on human behavior.

3. List and discuss defense mechanisms.

4. Discuss the following causative factors in relation to unhealthy or healthy mental growth:
   a. Biological factors
   b. Psychological factors
   c. Cultural factors

5. List and discuss the categories of symptoms for mental illnesses.

6. Define the following categories of mental illness and discuss the disorders under each category:
   a. Transient situational disturbances
   b. Special symptoms
   c. Gross stress reactions
   d. Personality disorders
   e. Behavior disorders of children and adolescents
   f. Alcoholism
   g. Drug dependence
   h. Psychoneurosis
   i. Functional psychosis
   j. Organic psychosis

EVALUATION CRITERIA: Scores on unit test and final exam. Objectives will be given to the student at the beginning of each unit. These objectives must be completed in writing on the scheduled dates for discussion in class.

COURSE CONTENT:

I. Introduction

   A. Personality defined
      1. Characteristics
      2. Distinctive
      3. Adjusting
      4. Pattern
   B. The personality hierarchy

II. Personality Theories

   A. Physiological
   B. Psychoanalytic
   C. Social learning

III. Normal Versus Abnormal Behavior

   A. Pathological view
   B. Statistical view
   C. Cultural view

IV. Program for Mental Health

   A. Public education
   B. Misconceptions about mental illness
      1. Recognize early symptoms
      2. Use of leisure time

V. Causative Factors

- A. Predisposing versus precipitating causes
- B. Biological factors
  - 1. Heredity
  - 2. Constitution
    - a. Physique
    - b. Endocrine function
    - c. Temperament
    - d. Body physiology theories
      - (1) Sheldon's body types
        - (a) Endomorph
        - (b) Mesomorph
        - (c) Ectomorph
      - (2) The pro and con of Sheldon's theory
        - (a) Viscerotonic
        - (b) Somatotonic
        - (c) Cerebrotonic
  - 3. Physical disease and injury
    - a. Reaction to physical
    - b. Adjustment to physical
- C. Psychological factors
  - 1. Infancy - birth to eighteen months: "Caretaker period"
    - a. "Mothering"
    - b. Feeding
    - c. Mother's "Reward Value"
    - d. Neglected child
    - e. Caretaking
    - f. Beginning of anxiety-stranger anxiety
    - g. Separation anxiety
  - 2. Early childhood - eighteen months to three years: First social demands
    - a. Socialization process
    - b. Critical areas of adjustment
      - (1) Parent-child relationship
      - (2) Authority and discipline
      - (3) Toilet training
      - (4) Sexual drive
      - (5) Agression and hosility
      - (6) Relationship with siblings
      - (7) Extreme frustrations
      - (8) Exploring and destroying
      - (9) Importance of toilet training
      - (10) Harsh training and its results
        - (a) Negative perception of the mother
        - (b) Lowered self-esteem
        - (c) Agression and other behavioral problems
        - (d) Sexual problems

3. Preschool years - ages four and five
    a. Identification
    b. Conscience - guilt
    c. Sex typing
        (1) Masculine
        (2) Feminine
4. Late childhood - ages six to ten: Child and his peers
    a. Characteristics
    b. Critical areas of adjustment
        (1) Physical development
        (2) School adjustment
        (3) Socialization beyond family
    c. The influence of peers
        (1) Evaluation
        (2) Assignment of role
        (3) Rebellion
        (4) The peer group's verdict
    d. Dominance and submission
    e. Motives and standards
        (1) Value
        (2) Skills
        (3) Appropriate behavior
        (4) Cognitive consonance - thoughts and behavior
    f. Anxieties and defenses
5. Adolescence
    a. Characteristics
    b. Critical areas of adjustment
        (1) Physiological changes
        (2) Sexual adjustment
        (3) Vocational adjustment
6. Early adulthood
    a. Characteristics
    b. Critical areas of adjustment
        (1) Courtship and marriage
        (2) Vocational adjustment
7. Middle age
    a. Characteristics
    b. Critical areas of adjustment
        (1) Decline of physical vigor
        (2) Change of family constellation
        (3) Menopause or climacteric
8. Old age
    a. Characteristics
    b. Critical areas of adjustment
        (1) Physical restriction
        (2) Dependency
        (3) Feeling of decreasing usefulness

D. Cultural factors
    1. Abnormal behavior in cultural groups
    2. Child rearing practices
    3. Value systems
    4. Technological and economic factors
    5. Problems of minority groups
    6. Cataclysmic events

VI. Psychoanalytic Theory

A. Anxiety, repression and the unconscious - Freud
B. The id
    1. Libido
    2. Pleasure principle
C. The ego-reality principle
D. The superego - the Oedipus complex
E. Superego versus ego versus id
F. The pro and con of Freud
G. Jung's theory
    1. Introvert
    2. Extrovert
H. Adler's theory - inferiority complex
I. Horney and Fromm
    1. Moving toward people
        a. Need for affection and approval
        b. Need for a "partner" who will take over one's life
        c. Need to restrict one's life within narrow borders
    2. Moving against people
        a. Need for power
        b. Need to exploit others
        c. Need for social recognition or prestige
        d. Need for personal admiration

VII. Symtomatology

A. Meaning of symptoms
B. Organogenetic and psychogenic symptoms
C. Symptoms of disordered cognition
    1. Disorders of sensation and perception
        a. Disordered cognition
            (1) Illusion
            (2) Hallucinations
        b. Tactile sense and skin sensation
            (1) Hyperesthesia
            (2) Anesthesia
            (3) Paresthesias
        c. Sensation and perception
            (1) Synethesia
            (2) Anosmia
            (3) Hyperosmia
            (4) Hyperkinesthesis
            (5) Hypokinesthesis

    - 2. Disorders of attention
    - 3. Disorders of memory
    - 4. Disorders of association
    - 5. Disorders of judgment
    - 6. Disorders of thinking
- D. Symptoms of disordered volition
    - 1. Abulia
    - 2. Compulsion
    - 3. Negativism
- E. Symptoms of motor disorder
    - 1. Hyperactivity
    - 2. Hypoactivity
    - 3. Disordered activity
- F. Symptoms of disordered emotion and affection
    - 1. Normal emotion
    - 2. Abnormal emotion patterns

VIII. Anxiety

- A. Patterns of conflict
    - 1. Double approach
    - 2. Double avoidance
    - 3. Approach-avoidance
    - 4. Double approach-avoidance
- B. Extreme reaction
    - 1. Flight reaction
    - 2. Fight reaction
- C. Conscious adjustment
- D. Unconscious adjustment

IX. Transient Situational Disturbances

- A. Definitions
    - 1. Varieties
    - 2. Symptoms
    - 3. Periods of life when occur
        - a. Infancy
        - b. Young childhood
        - c. Adolescence
        - d. Middle age
        - e. Old age
    - 4. Treatment
- B. Examples of transient situational disturbances
    - 1. Interpersonal relations
        - a. Marriage
        - b. Intimacy
        - c. Isolation and loneliness
    - 2. Work
    - 3. Relations with self
        - a. Integrity
        - b. Conflicting group values
    - 4. Reality problems

X. Gross Stress Reactions

- A. Symptoms
  - 1. Early stages of the stress reaction
  - 2. Later stages of the stress reaction
  - 3. Chronic stress reaction
- B. Time of onset
- C. Treatment
  - 1. Temporary removal from situation
  - 2. Deconditioning
  - 3. Psychotherapy
- D. Factors that influence susceptibility and resistance
  - 1. Background factors
  - 2. Physical factors
  - 3. Psychological factors
  - 4. Sociological factors
- E. Examples of gross stress reactions
  - 1. Prisoners of war
  - 2. Civilian catastrophes
    - a. Earthquakes
    - b. Floods
  - 3. Extreme injuries
    - a. Denial
    - b. Depression
    - c. Working through
    - d. Readjustment and rehabilitation

XI. Personality Disorders

- A. American Psychiatric Association classification of personality
  - 1. Paranoid
  - 2. Cyclothymic
  - 3. Schizoid
  - 4. Explosive
  - 5. Obsessive-compulsive
  - 6. Hysterical
  - 7. Asthenic
  - 8. Antisocial
  - 9. Passive agressive
  - 10. Inadequate
- B. Sexual deviations
  - 1. Homosexuality
  - 2. Fetishism
  - 3. Transvestitism
  - 4. Exhibitionism
  - 5. Voyeurism
  - 6. Bestiality
  - 7. Pedophilia
  - 8. Pederosty
  - 9. Sadism
  - 10. Masochism

- C. Alcoholism
    - 1. Scope of the problem
    - 2. Classification
        - a. Episodic excessive drinker
        - b. Habitual excessive drinker
        - c. Alcohol addiction
    - 3. Effects of alcohol
        - a. Narcotic poison
        - b. Depressant of central nervous system
        - c. Cardiac stimulant
        - d. Gastric irritant
        - e. Avitaminosis
    - 4. Causes of alcoholism
    - 5. Withdrawal symptoms
        - a. "Shakes"
        - b. Hallucinations
        - c. Convulsions
        - d. Delirium tremors
    - 6. Remediation
        - a. Hospitalization
        - b. Chemotherapy
        - c. Group psychotherapy
        - d. Alcohol clinics and rehabilitation centers
        - e. Alcoholics Anonymous (AA)

XII. Psychosomatic Disorders

- A. Introduction
- B. Causation
    - 1. Intense emotional stress
    - 2. Fear, anxiety, anger
    - 3. Diatheses
- C. Emotions and bodily changes
    - 1. Emotion
    - 2. Autonomic nervous system
        - a. Parasympathetic nervous system
        - b. Sympathetic nervous system
- D. Classification
    - 1. Skin reactions
    - 2. Musculoskeletal reactions
        - a. Arthritis
        - b. Backache
        - c. Tension headache
    - 3. Respiratory disorders
        - a. Asthma
        - b. Emphysema
    - 4. Cardiovascular disorders
        - a. Hypertension
        - b. Coronary insufficiency
        - c. Migraine headaches

        5. Gastrointestinal disorders
            a. Ulcers
            b. Colitis
        6. Genitourinary disorders
            a. Impotence, premature ejaculation (male)
            b. Frigidity (female)
        7. Endocrine disorders
            a. Diabetes mellitus
            b. Chronic obesity

XIII. Psychoneurotic Disorders

- A. Etiology
    1. Constitutional (predisposing)
    2. Childhood developmental patterns
    3. Precipitating
    4. Cultural factors
- B. Symptoms
    1. Presence of anxiety
    2. Inability to function at capacity
    3. Rigid and repetitive behavior
    4. Egocentricity
    5. Hypersensitivity
    6. Immaturity
    7. Somatic complaints and symptoms
    8. Unhappiness
    9. Unconscious motivation
- C. Types of psychoneurotic disorders
    1. Anxiety neurosis
    2. Hysterical neurosis
    3. Phobia neurosis
    4. Obsessive-compulsive neurosis
    5. Depressive-compulsive neurosis
    6. Depersonalization-compulsive neurosis

XIV. Psychoses

- A. Characteristics of psychoses
    1. Total involvement of personality
    2. Loss or impairment of contact of reality
    3. Hallucinations and delusions
    4. Hospitalization
- B. Types of psychoses
    1. Organic
    2. Functional
        - a. Schizophrenia
        - b. Manic-depressive
- C. Symptoms
    1. Misidentification of environment

        - 2. Delusions
            - a. Reality testing
            - b. Typical delusions
            - c. Nature of delusions
        - 3. Hallucinations
            - a. Auditory
            - b. Visual
            - c. Somatic
            - d. Touch, smell, and taste
        - 4. Emotional disturbance
        - 5. Disturbed communication
    - D. Etiology
        - 1. Genetic causes
        - 2. Psychological causes
        - 3. Other causes
            - a. Body type
            - b. Toxins
            - c. Socioeconomic level
    - E. Treatment

XV. Schizophrenia

- A. History
    - 1. Process versus reactive schizophrenia
    - 2. Kraepelin
    - 3. Beuler
- B. Types of schizophrenia
    - 1. Simple
        - a. Characteristics
        - b. Treatment
        - c. Case history
    - 2. Paranoid
        - a. Characteristics
        - b. Treatment
        - c. Case history
    - 3. Catatonic
        - a. Characteristics
        - b. Treatment
        - c. Case history
    - 4. Hebrephrenic
        - a. Characteristics
        - b. Treatment
        - c. Case history

XVI. Affective Reactions

- A. Symptoms
- B. Manic-depressive
    - 1. Manic type
    - 2. Depressive type
    - 3. Circular type

- C. Involutional melancholia
- D. Psychotic depressive reaction

XVII. Organic Psychosis

- A. Decline of abilities
- B. Psychological situation of aging
- C. Cultural aspects
- D. Types
    - 1. Senile psychosis
    - 2. Cerebral arteriosclerosis
    - 3. General paresis

XVIII. Mental Retardation

- A. Theories of intelligence
    - 1. Stern
    - 2. Spearman
    - 3. Terman
    - 4. Wechsler
- B. Measurement of intelligence
    - 1. Mental age
    - 2. Intelligence quotient
    - 3. Percentile rank
- C. Test of intelligence
    - 1. Revised Stanford-Binet
    - 2. Wechsler - Bellevue Scales
    - 3. Wechsler - Intelligence Scale for Children
- D. Intelligence classification
- E. Etiological classification of mental retardation
    - 1. Endogenous causes
        - a. Single dominant gene causation
            - (1) Huntington's chores
            - (2) Tuberous sclerosis
            - (3) Neurofibromatosis
        - b. Recessive gene causation
            - (1) Tay-Sach's
            - (2) Gargoylism
            - (3) Galactosuria
            - (4) Phenylketonuria
            - (5) Genetic microcephaly
        - c. Chromosomal aberration causation
            - (1) Mongolism (Trisomy #21)
            - (2) Translocation mongolism
            - (3) Mosaicism mongolism

2. Exogenous causes
    a. Prenatal causation
        (1) Physical trauma
        (2) Nutrition
        (3) Infection
        (4) Blood incompatibility
        (5) Radioactivity
        (6) Toxic agents
    b. Natal causation
        (1) Prematurity
        (2) Asphyxia
        (3) Traumatic birth injury
    c. Postnatal causation
        (1) Traumatic brain injury
        (2) Postnatal infection
        (3) Diet
        (4) General health
        (5) General cutural factors
        (6) Home environment
        (7) Extreme environmental deprivation

XIX. Descriptive Statistics

A. Must compute number of individuals in group
B. Must compute average value as I.Q.
C. Must compute variability and standard deviation

XX. Inferential Statistics

A. Population and sample (all people)
B. Control group
C. Comparison of two groups
    1. Standard error of the mean
    2. Probability and significance
    3. Correlation
    4. Scatter plots
    5. Correlation and prediction
    6. Correlation, cause, and effect

XXI. Mathematical Computations

A. The mean equals the sum of the individual scores divided by the number of subjects
B. Standard deviation - square root of the figure obtained by dividing the number of subjects minus 1 into the sum of all the deviation
C. Standard error of the mean
D. Differences between groups - the difference between the means is the mean of the first group

- E. Correlation
    - 1. Product - moment method
    - 2. Rank - difference method
- F. Contingency

XXII. Requirements of a Test

- A. Objectivity
- B. Standardization
- C. Reliability
- D. Validity
- E. Types of tests
    - 1. Group tests
    - 2. Individual tests
    - 3. Aptitude tests
    - 4. Achievement tests

XXIII. Intelligence Tests - Intelligence Quotient

- A. The Stanford-Binet Test
    - 1. The Stanford-Binet Intelligence Scale
    - 2. Mental age
- B. Mental age and I.Q. - intelligence quotient
- C. The Wechsler Tests
    - 1. Verbal
    - 2. Performance
- D. Group tests
    - 1. Otis-Lennon Mental Ability Test
    - 2. Pintner-Cunningham Primary Test
    - 3. Armed Forces Qualification Test
    - 4. Scholastic Aptitude Test (SAT)
- E. The virtues of intelligence tests
- F. The weaknesses of intelligence tests

XXIV. The Nature of Intelligence

- A. What determines intelligence
    - 1. "Primary mental abilities"
        - a. Verbal comprehension
        - b. Word fluency
        - c. Number
        - d. Space
        - e. Associate memory
        - f. Perceptual speed
        - g. General reasoning
    - 2. I.Q. and heredity
    - 3. I.Q. and environment

- B. Changes in I.Q.
    - 1. I.Q. and educational opportunities
    - 2. Are people becoming more intelligent
    - 3. I.Q. and age
- C. I.Q. and occupation
    - 1. Accountant
    - 2. Miner - low
- D. The mentally retarded
    - 1. Mild (53-69)
    - 2. Moderate (36-52)
    - 3. Severe (20-35)
    - 4. Profound (below 20)
- E. The mentally gifted geniuses

XXV. Other Kinds of Tests

- A. Vocational aptitude tests
    - 1. The Minnesota Test of Mechanical Ability
    - 2. The MacQuarrie Test
    - 3. The Differential Aptitude Tests
        - a. Verbal reasoning
        - b. Numerical ability
        - c. Abstract reasoning
        - d. Space relations
        - e. Mechanical reasoning
        - f. Clerical speed and accuracy
        - g. Language usage: spelling
        - h. Language usage: grammar
- B. Interest tests
    - 1. Strong Vocational Interest Blank
    - 2. Kuder Preference Record
- C. Personality tests
    - 1. Objective tests
    - 2. Situational tests
    - 3. Profile tests
    - 4. Objective tests of personality
        - a. Allport-Vernon-Lindzey Study of Values
        - b. The Minnesota Multiphasic Personality Inventory
    - 5. Situational tests
    - 6. Projective tests
        - a. Thematic Apperception Test
        - b. Roschach Test
        - c. Holtzman Inkblot Test

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Kolb, Lawrence C., *Modern Clinical Psychiatry*. 8th ed. Philadelphia: W. B. Saunders Co., 1973.

Milton, Ohmer and Robert G. Wahler, editors. *Behavior Disorders: Perspectives and Trends*. 3rd ed. Philadelphia: J. B. Lippincott Co., 1973.

Stone, Sue and Alan Stone. *Abnormal Personality Through Literature*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Ulett, George A., *Synopsis of Contemporary Psychiatry*. 5th ed. St. Louis: The C. V. Mosby Co., 1972.

White, Robert W. and Norman F. Watt. *The Abnormal Personality*. 4th ed. New York: The Ronald Press Co., 1973.

SEVENTH QUARTER

NSG 203 MEDICAL-SURGICAL NURSING III

PLACEMENT: Seventh Quarter

COURSE DESCRIPTION:

A comprehensive study of biological, social, emotional and rehabilitative components of frequently occurring illnesses. The management of patient care and leadership roles as functions of the associate degree nurse are emphasized. Opportunity is provided for using previously acquired knowledge in planning and implementing nursing care for groups or individuals. Nutrition, pharmacology, history, and legal aspects of nursing care are integrated in course content and clinical experiences. Planned clinical learning experiences are selected on the basis of the student's needs and in order to meet stated objectives.

COURSE HOURS PER WEEK: Class 6; Lab 0; Clinical 18

QUARTER HOURS CREDIT: 12

PREREQUISITES:	NSG 104	Medical-Surgical Nursing II
	NSG 206	Psychiatric Nursing
	BIO 203	Human Anatomy and Physiology II

SUGGESTED TEXTBOOKS:

Bergersen, Betty S., Pharmacology in Nursing. 12th ed. St. Louis: The C. V. Mosby Co., 1973.

Halstead, Helen L., et al. Contemporary Studies in Medical-Surgical Nursing. Philadelphia: F. A. Davis Co., 1967.

Keane, Claire B. and Benjamin F. Miller. Encyclopedia and Dictionary of Medicine and Nursing. Philadelphia: W. B. Saunders Co., 1972.

Kron, Thora. The Management of Patient Care. Philadelphia: W. B. Saunders Co., 1971.

Shafer, Kathleen N., et al. Medical-Surgical Nursing. 5th ed. St. Louis: The C. V. Mosby Co., 1971.

Spalding, Eugenia K. and Lucille E. Notter. Professional Nursing: Foundations, Perspectives and Relationships. 8th ed. Philadelphia: J. B. Lippincott Co., 1970.

Williams, Sue Rodwell. Nutrition and Diet Therapy. 2nd ed. St. Louis: The C. V. Mosby Co., 1973.

CENTRAL OBJECTIVE: To assist the student in the development of the ability to formulate and utilize nursing concepts in the comprehensive planning and competent application of nursing knowledge in the care of patients.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Identify the reaction of the patient to pathology, noting the signs, symptoms and nursing needs; and implement appropriate nursing care measures based on facts from the biological, physical, and social sciences.

2. Recognize commonalities of illnesses and the adaptive psychosocial and physiological responses manifested by patients.

3. Identify the need for continuity of care by assisting in teaching and in referral of patients and their families to other health team members and community agencies.

4. Implement and demonstrate application of principles of leadership.

5. Identify and discuss nutritional alterations necessitated by the disease process.

6. Describe the significance of pharmacology as supplemental to body chemicals and in relation to drug therapy.

7. Identify the immediate needs of the patient who suddenly becomes acutely ill.

CLINICAL OBJECTIVES: Each student of the Associate Degree Nursing Program will synthesize the knowledge and skills learned after completing all previous objectives so that he should be able to:

1. Assume the role of the associate degree nurse as a part of the health team by utilizing the activities of the nursing process.

2. Utilize skills basic for the total care of patients, including emotional, physical, and psychological needs of the patient.

3. Demonstrate communication skills to aid in relationship with fellow members of the health team and the patients.

4. Identify unique characteristics of specific entities, disorders, and injuries that affect adults and apply this knowledge to the management of the patient while considering his emotional, social, and physical needs.

5. Illustrate a knowledge of the process of aging and incorporate this knowledge in patient care.

6. Interact with patients to reduce anxiety and increase well-being in patients experiencing mental crisis.

7. Assess drugs as they affect the body systems, including measurements, dosages, desired and undesired effects, and nursing responsibilities in administering drugs.

8. Explain the maintenance and restoration of proper nutrition for selected patients.

9. Integrate principles and basic facts of the natural and biological sciences as they relate to the management of patient care.

10. Implement legal and ethical frameworks into nursing practice.

1. Employ the problem-solving approach in the assessment of patients' needs, the researching of information related to nursing care, and the planning and evaluating of nursing care.

12. Demonstrate the ability to implement nursing leadership roles in planning, supervising, and evaluating nursing care.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
    a. Small group discussions
    b. "Sampling" by the instructor
    c. Problem-solving sessions involving small or whole groups
    d. Individual study and/or conference with instructor
    e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
    f. Lecture by instructor
    g. Audiovisual learning activities
    h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency in using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on the length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcome at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students' comprehension and retention of information.

8. Clinical evaluation will be made on the basis of:
    a. Case studies
    b. Nursing care plans
    c. Medication, laboratory, and X-ray cards
    d. Individual conferences including:
        (1) Instructor evaluation
        (2) Student evaluation

COURSE CONTENT:

I. Overview of Course

- A. Content
- B. Expected actions in application to clinical situation
    - 1. Assimilation
    - 2. Integration
    - 3. Synthesization
- C. Evaluation

II. Team Leadership

- A. Patient care management
- B. Staff relationships
- C. Responsibilities in team nursing
- D. Putting leadership skills to work

III. Complications of the Nature of Illness and Related Needs

- A. The patient with fever
- B. The patient with pain
- C. Fluid and electrolyte imbalance
- D. Allergic, infectious, and inflammatory reactions
- E. Hemmorrhage and shock
- F. Abnormal states of consciousness
- G. The surgical patient

IV. Oxygen Diminuation

- A. Interrelationship between respiratory, cardiac, hemopoietic, and vascular network
- B. Patient care in respiratory illnesses
  1. Representative respiratory illnesses
  2. Related technical skills
  3. Medication therapy
  4. Diet therapy
- C. Patient care in cardiac illnesses
  1. Representative cardiac illnesses
  2. Related technical skills
  3. Diet modifications
  4. Medication therapy
- D. Nursing care of patients with vascular diseases
  1. Representative vascular diseases
  2. Related technical skills
  3. Diet modifications
  4. Medication therapy
- E. Nursing care of patients with disorders of the hemopoietic system
  1. Representative disorders
  2. Related technical skills
  3. Diet modifications
  4. Medication therapy

V. Adaptive Responses

- A. Chemical regulatory disorders
  1. Relationship between chemical, nervous, and emotional disorders
  2. Specific functions of endocrine glands
  3. Patient-focused situations illustrating inadequate and over-abundant chemical responses.
     - a. Pituitary gland
     - b. Thyroid gland
     - c. Adrenal glands
     - d. Islets of Langerhans
     - e. Parathyroid glands
     - f. Gonads

    4. Related technical skills
    5. Dietary modifications
    6. Medication therapy
  B. Nervous regulatory disorders
    1. Patient care in specific nervous regulatory disorders
    2. Related technical skills
    3. Dietary modifications
    4. Medication therapy

VI. Nutritional and Metabolic Aberrations

  A. Nutritional disorders
    1. Nutritional malfunctions
    2. Patients with illnesses involving the stomach and small intestine
    3. Patients with illnesses involving the liver and gall bladder
    4. Related technical skills
    5. Dietary modifications
  B. Metabolic disorders
    1. Interrelationship between metabolic and nutritional disorders
    2. Related technical skills
    3. Medication therapy

VII. Alterations in Elimination

  A. Gastrointestinal disturbances
    1. Nursing care of patients with gastrointestinal disorders
    2. Related technical skills
    3. Dietary modifications
    4. Medication therapy
  B. Urinary disturbances
    1. Interrelationship between metabolic and nutritional disorders
    2. Related technical skills
    3. Medication therapy
  C. Integumentary disturbances
    1. Nursing care
    2. Related technical skills
    3. Dietary modifications
    4. Medication therapy

BIBLIOGRAPHY:

Armington, Catherine and Helen Creighton. Nursing of People with Cardiovascular Problems. Boston: Little, Brown and Co., 1971.

Brunner, Lillian, Charles Emerson, L. K. Ferguson, and Doris Suddarth. Textbook of Medical-Surgical Nursing. 2nd ed. Philadelphia: J. B. Lippincott Co., 1970.

Faddis, Margene C. and Joseph M. Hayman. Care of the Medical Patient. New York: McGraw-Hill Book Co., 1962.

French, Ruth M., Nurse's Guide to Diagnostic Procedures. New York: McGraw-Hill Book Co., 1962.

Garb, Solomon, M.D., Laboratory Tests in Common Use. New York: Springer Publishing Co., 1969.

Mason, Mildred A., Basic Medical-Surgical Nursing. New York: The Macmillan Co., 1959.

McCutcheon, Maureen. Care of the Patient with Common Medical-Surgical Disorders. New York: McGraw-Hill Book Co., 1970.

Metheny, Norma M. and William D. Snively. Nurses' Handbook of Fluid Balance. Philadelphia: J. B. Lippincott Co., 1967.

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Rodman, Morton J. and Dorothy W. Smith. Pharmacology and Drug Therapy in Nursing. Philadelphia: J. B. Lippincott Co., 1968.

Smith, Dorothy W. and Claudia D. Gips. Care of the Adult Patient, Medical-Surgical Nursing. Philadelphia: J. B. Lippincott Co., 1966.

Smith, J. W., editor. Manual of Medical Therapeutics. 19th ed. Boston: Little, Brown and Co., 1969.

Weiser, Russell S., Quentin N. Myrvik and Nancy N. Pearsall. Fundamentals of Immunology. Philadelphia: Lea and Febiger, 1969.

Winter, Chester C. and Marilyn M. Roehm. Sawyer's Nursing Care of Patients with Urologic Diseases. St. Louis: The C. V. Mosby Co., 1968.

Young, Clara G. and James D. Barger. Introduction to Medical Science. St. Louis: The C. V. Mosby Co., 1969.

ENG 102 COMPOSITION*

PLACEMENT: Seventh Quarter

COURSE DESCRIPTION:

English composition is designed to aid the student in improvement of self-expression by means of practical application in business and technical writing. Emphasis is on writing sentences, paragraphs, and compositions.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: ENG 101 Grammar

MAJOR DIVISIONS OF COURSE CONTENT:

I. Using Words
II. Types of Sentences
III. Writing Sentences
IV. Writing Paragraphs
V. Types of Writing
VI. Organizing and Writing Papers
VII. Reading, Writing and Revising Expositions

SUGGESTED TEXTBOOKS:

Decker, Randall E., Patterns of Exposition. 2nd ed. Boston: Little, Brown and Co., 1972.

Hall, Donald. Writing Well. Boston: Little, Brown and Co., 1973.

Martin, Elizabeth K. and C. Jeriel Howard. Technique: Studies in Composition. San Francisco: Canfield Press, 1972.

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*This is an abstract of the English Composition syllabus. For a complete copy, write to Program Development, Department of Community Colleges, Education Building, Raleigh, North Carolina 27611.

EIGHTH QUARTER

NSG 204 MEDICAL-SURGICAL NURSING IV

PLACEMENT: Eighth Quarter

COURSE DESCRIPTION:

The study of bodily aberrations begun in Medical-Surgical Nursing III is continued with emphasis upon the rehabilitative and adaptive processes. Selected learning experiences are planned to assist the student in the development of the ability to formulate and utilize previously and concurrently acquired skills so that comprehensive planning and competent application of cognitive, affective and manipulative skills are employed in the care of the patients in all age groups and a variety of situations. The student is given the opportunity to plan, direct, and evaluate total patient care for individuals and groups.

COURSE HOURS PER WEEK: Class 6; Lab 0; Clinical 18

QUARTER HOURS CREDIT: 12

PREREQUISITES: NSG 203 Medical-Surgical Nursing III

SUGGESTED TEXTBOOKS:

Bergersen, Betty S., Pharmacology in Nursing. 12th ed. St. Louis: The C. V. Mosby Co., 1973.

Keane, Claire B. and Benjamin F. Miller. Encyclopedia and Dictionary of Medicine and Nursing. Philadelphia: W. B. Saunders Co., 1972.

Kron, Thora. The Management of Patient Care. Philadelphia: W. B. Saunders Co., 1971.

Shafer, Kathleen N., et al. Medical-Surgical Nursing. 5th ed. St. Louis: The C. V. Mosby Co., 1971.

Spalding, Eugenia K. and Lucille E. Notter. Professional Nursing. Foundations, Perspectives and Relationships. 8th ed. Philadelphia: J. B. Lippincott Co., 1970.

Williams, Sue Rodwell. Nutrition and Diet Therapy. 2nd ed. St. Louis: The C. V. Mosby Co., 1973.

CENTRAL OBJECTIVE: To prepare the associate degree nurse to use cognitive, judgmental, and manipulative skills necessary to give comprehensive nursing care in complicated situations involving groups as well as individuals.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Demonstrate cognitive, affective, and manipulative skills in performance of procedures and techniques pertaining to direct nursing care.
2. Identify unique characteristics of specific medical-surgical disease conditions.
3. Apply technical nursing skills for the total care of patients, including emotional, physical, social, and psychological needs of the patients.
4. Integrate communication skills in relationships with all health team members.
5. Implement the problem-solving approach by assessing the needs of the patient and his family, researching information related to nursing care and nursing care planning, carrying out the plan, and evaluating the results of his actions.
6. Function as a member of the team during emergency and disaster situations.
7. Become more proficient in objectives delineated in Medical-Surgical Nursing III.

CLINICAL OBJECTIVES: In an effort to develop self-direction and self-motivation, the student will be expected to complete the following objectives, using the instructor only as a resource person:

1. Supervise the care of patients, including the whole management of care, requiring the application of principles based upon the biological, the physical, and the social sciences.
2. Assess symptoms and reactions, including symptomatology of physical and mental conditions and needs, requiring evaluation of application of principles based upon the biological, the physical, and the social sciences.
3. Record, report, and evaluate the total care of the patient.
4. Supervise others, except physicians, contributing to the care of the patient.
5. Apply and execute nursing procedures and techniques with skill and accuracy.
6. Direct and educate others in securing and maintaining physical and mental care for patients.

7. Execute legal orders of physicians concerning treatments and medications, with an understanding of cause and effect thereof.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
    a. Small group discussions
    b. "Sampling" by the instructor
    c. Problem-solving sessions involving small or whole groups
    d. Individual study and/or conference with instructor
    e. Laboratory practice or demonstrations until a grade of S (satisfactory) is obtained
    f. Lecture by instructor
    g. Audiovidual learning activities
    h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The instructor strongly suggests that the student assume responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the student's comprehension and retention of information.

8. Clinical evaluation will be made on the basis of:
   a. Case studies
   b. Nursing care plans
   c. Medication, laboratory, and X-ray cards
   d. Individual conferences including:
      (1) Instructor evaluation
      (2) Student evaluation

COURSE CONTENT:

I. Rehabilitative and Adaptive Processes

   A. Introduction to rehabilitation
   B. Nursing roles and responsibilities
   C. Special considerations
      1. Pathology
      2. Etiology
      3. Symptoms
      4. Diagnosis
      5. Treatments
      6. Prevention and control
      7. Psychological factors
      8. Sociological factors

II. Nursing Care of Patients with Limited Motion

   A. Fractures
   B. Amputation
   C. Arthritis
   D. CVA
   E. Neurologic impairments
   F. Other related conditions

III. Nursing Care of Patients with Problems Involving Disfigurement

   A. Skin grafts
   B. Functional improvements
   C. Cosmetic surgery

IV. Nursing Care of Patients with Visual and/or Auditory Impairment

   A. Visual handicaps
   B. Auditory handicaps
   C. Combinations

V. Nursing Care of Patients with Problems of Sexual Structures and Reproductive Functions

   A. Male
      1. Impotency
      2. Infertility

- B. Female
    - 1. Disorders of the breast
    - 2. Disorders of the pelvic reproductive organs
- C. Venereal diseases

VI. Nursing Care of Patients with Oncological Disorders

- A. Malignant
    - 1. Radiation therapy
    - 2. Chematherapy
    - 3. Surgical
    - 4. Supportive
- B. Non-malignant

VII. Nursing Intervention in Emergencies and Disasters

- A. Disasters
    - 1. Types of disasters
    - 2. Characteristics of a disaster
    - 3. Organization for a disaster
    - 4. Principles of emergency and disaster nursing
    - 5. Essential improvisions
        - a. Supplies and equipment
        - b. Package disaster hospitals
        - c. Utilization of personnel
- B. Survival during a disaster
    - 1. Natural disasters
    - 2. Thermonuclear disasters
    - 3. Biological and chemical disasters
- C. Acute life threatening physiological crises
    - 1. Shock
    - 2. Respiratory embarrassment
    - 3. Cardiac embarrassment
    - 4. Renal failure
    - 5. Burns
    - 6. Poisoning
    - 7. Wounds
    - 8. Excessive cold
    - 9. Central nervous system injuries
- D. Psychological adjustments and crises
    - 1. Individual
    - 2. Group

BIBLIOGRAPHY:

Bouchard, Rosemary. Nursing Care of the Cancer Patient. St. Louis: The C. V. Mosby Co., 1967.

Brunner, Lillian, Charles Emerson, L. K. Ferguson, and Doris Suddarth. Textbook of Medical-Surgical Nursing. 2nd ed. Philadelphia: J. B. Lippincott Co., 1970.

Faddis, Margene C., and Joseph M. Hayman. Care of the Medical Patient. New York: McGraw-Hill Book Co., 1962.

French, Ruth M., Nurse's Guide to Diagnostic Procedures. New York: McGraw-Hill Book Co., 1962.

Garb, Solomon, M.D., Laboratory Tests in Common Use. New York: Springer Publishing Co., 1969.

Johnston, Dorothy F., Essentials of Communicable Diseases. St. Louis: The C. V. Mosby Co., 1968.

Kennedy, Robert H., editor. Emergency Care of the Sick and Injured. American Colleges of Surgeons Committee on Trauma. Philadelphia: W. B. Saunders Co., 1966.

LeMaitre, George and Janet Finnegan. The Patient in Surgery. Philadelphia: W. B. Saunders Co., 1970.

Mahoney, Robert J., Emergency and Disaster Nursing. New York: The Macmillan Co., 1970.

Mason, Mildred A., Basic Medical-Surgical Nursing. New York: The Macmillan Co., 1959.

McCutcheon, Maureen. Care of the Patient with Common Medical-Surgical Disorders. New York: McGraw-Hill Book Co., 1970.

Metheny, Norma M. and William D. Snively. Nurses' Handbook of Fluid Balance. Philadelphia: J. B. Lippincott Co., 1967.

Mitchell, Helen S., Henderika J. Rynbergen, Linnea Anderson and Marjorie Dibble. Cooper's Nutrition in Health and Disease. 15th ed. Philadelphia: J. B. Lippincott Co., 1968.

Quint, Jeanne G., The Nurse and the Dying Patient. New York: The Macmillan Co., 1967.

Rodman, Morton J. and Dorothy W. Smith. Pharmacology and Drug Therapy in Nursing. Philadelphia: J. B. Lippincott Co., 1968.

Rusk, Howard A., Rehabilitation Medicine. 3rd ed. St. Louis: The C. V. Mosby Co., 1971.

Smith, Dorothy W. and Claudia D. Gips. Care of the Adult Patient, Medical-Surgical Nursing. Philadelphia: J. B. Lippincott Co., 1966.

Smith, J. W., editor. Manual of Medical Therapeutics. 19th ed. Boston: Little, Brown and Co., 1969.

Soller, Genevieve R.,"The Aging Patient." American Journal of Nursing. 62: 114-117. November, 1962.

NSG 205 NURSING SEMINAR

PLACEMENT: Eighth Quarter

COURSE DESCRIPTION:

This course introduces current trends, practices, and transitional concerns in nursing. Continuing education after graduation is emphasized.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: All other courses in Nursing Education Options Curriculum, or their equivalent.

COREQUISITE: Medical-Surgical Nursing IV

SUGGESTED TEXTBOOKS:

Duffy, Marjorie. Case Studies of Nursing Intervention. New York: McGraw-Hill Book Co., 1974.

Spalding, Eugenia K. and Lucille E. Notter. Professional Nursing: Foundations, Perspectives and Relationships. 8th ed. Philadelphia: J. B. Lippincott Co., 1970.

CENTRAL OBJECTIVE: To assist the student in his transition from student to staff nurse by delineating opportunities, problems, and responsibilities encountered by the registered nurse.

CONTRIBUTORY OBJECTIVES: Upon completion of this course, the student should be able to:

1. Use resources of current literature and other means for continued growth and adjustment in nursing.
2. Assess the present social and economic situation and its influence upon the nursing profession.
3. Using assessment and self-evaluation, make a wise selection from nursing positions available.
4. Differentiate those factors which determine success or failure in working situations, and identify correct procedures for securing and resigning from a position.
5. Evaluate those professional activities which are the responsibility of the graduate nurse.

6. Analyze and offer solutions to personal and professional problems which may confront the graduate nurse.

7. Review ethical and legal factors important to the practice of nursing.

8. Discuss continuing education as a learner's responsibility, and a renewal process throughout life.

PROCEEDINGS:

1. Students are to be prepared to discuss the assignment when they come to class each day.

2. Allotted class time will be spent in one of the following ways:
    a. Small group discussions
    b. "Sampling" by the instructor
    c. Problem-solving sessions involving small or whole groups
    d. Individual study and/or conference with instructor
    e. Laboratory practice or demonstrations
    f. Lecture by instructor
    g. Audiovisual learning activities
    h. Student reports and presentations

3. Outside references are available for the student to use to enhance his understanding of subject-matter.

4. The student assumes responsibility for his own learning, allowing the instructor to serve as a mediator, a resource person, and a guide.

EVALUATION:

1. Students will be evaluated on class discussion, participation, daily unit preparation, bibliography cards, and intensity and consistency of using outside references.

2. Unannounced quizzes or "sampling" may be given at any time and may be incorporated in the total possible points.

3. A unit test will be given at the completion of one or two units, depending on length and at the discretion of the instructor.

4. A comprehensive final exam will be given at the completion of the course.

5. Each student will be required to evaluate the course at the end of the quarter to aid the instructor in assessing the course. Evaluation and suggestions for improvement are welcomed at any time.

6. The instructor will also evaluate the course in progress and at the end of the quarter.

7. Standardized tests will be given at designated intervals in the curriculum to evaluate the students comprehension and retention of information.

COURSE CONTENT:

I. Maintaining Professional Standards of Nursing Practices

- A. Continuing education in nursing
- B. Nursing organizations
    - 1. American Nursing Association
    - 2. National League for Nursing
    - 3. Others
- C. Nursing journals
- D. Developing an ethical frame of reference
- E. Review of legal problems - responsibilities and relationships
- F. Legal framework
    - 1. Nurse Practice Act
    - 2. State boards of nursing
    - 3. Licensure, endorsement and renewal
    - 4. Revocation of license
    - 5. Civil law versus criminal law
    - 6. Criminal acts related to the medical profession
    - 7. Good Samaritan Act
    - 8. Legal implications for organ transplant
- G. Self-evaluation

II. Nursing in the Present Social Setting

- A. Trends
- B. Legislation
- C. Economic situations
- D. Environmental problems

III. Occupational Opportunities

- A. Trends
- B. Scope
- C. Choosing a position
- D. Obtaining and resigning from a position
- E. Positions in public service
- F. Factors influencing success in job situations
- G. Factors contributing to failure in job situations

IV. Twentieth Century Nursing

- A. Brown's Reports
- B. Montague's Study and Reports
- C. The Position Paper
- D. Nurse Practice Acts
- E. Standards of Nursing Practice
- F. Code of Ethics
- G. National Commission for Nursing and Nursing Education
- H. Certification for Clinical Competence

V. Current Nursing Problems and Issues

   A. In professional relationships
   B. In patient situations
   C. Created by the social system

VI. The Professionalization of Nursing

   A. Progress
   B. Continuing need

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ENG 103 REPORT WRITING*

PLACEMENT: Eighth Quarter

COURSE DESCRIPTION:

The fundamentals of English are utilized as a background for the organization and techniques of modern report writing. Exercises in developing typical reports, using writing techniques and graphic devices are completed by the students. Practical application in the preparation of a full-length report is required of each student at the end of the term. This report must relate to the student's specific curriculum.

COURSE HOURS PER WEEK: Class 3; Lab 0; Clinical 0

QUARTER HOURS CREDIT: 3

PREREQUISITE: ENG 102 Composition

MAJOR DIVISIONS OF COURSE CONTENT:

I. Purpose of Report Writing

II. Types of Reports

III. Composition of Reports

IV. Organizing and Writing Reports

V. Editing and Proofreading Reports

VI. Abstracting Reports

SUGGESTED TEXTBOOKS:

Brown, Leland. Effective Business Report Writing. 3rd ed. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

Harwell, George C., Technical Communications. Rev ed. New York: The Macmillan Co., 1960.

Sherman, Theodore A., Modern Technical Writing. 2nd ed. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965.

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Ulman, Joseph N., Jr. and Jay R. Gould. Technical Reporting. 3rd ed. New York: Holt, Rinehart and Winston, Inc., 1972.

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*This is an abstract of the Report Writing outline. For a complete copy, write to Program Development, Department of Community Colleges, Education Building, Raleigh, North Carolina 27611.

CLINICAL LEARNING EXPERIENCES

Incorporated into the curriculum are planned clinical experiences and other directed practices which provide the opportunity of transition from theory to application and evaluation. These experiences and activities include laboratory practice, field assignments, case studies, observation in day care centers, doctors' offices, health departments, community agencies, and practical hospital experiences. The clinical experiences start during the first quarter of the program, concurrent with classroom courses and gradually increase throughout the program. Concentrated directed clinical practice experiences are planned in the eighth quarter. Emphasis is upon the student's learning--not upon his assisting the agency in its functions. Learning experiences can be more varied; they can be tailored more easily to each student's needs for growth and skills; the learning can be more easily used in other settings. Clinical experiences incorporated into the NEO program are intended to be a conscious integration and tying together of all of the student's learning experiences. Conferences designed to help student integrate theory and practice are an integral part of all clinical experiences. During these small group sessions the student has the opportunity to review and integrate concepts, values, and skills learned in all class work so that teaching becomes more integrated, relevant, and meaningful. Conferences also afford the opportunity and time to explore individual problems and situations which many times are not available otherwise. Peer teaching and other positive peer influences are capitalized upon at conference time. The instruction helps students understand the all-important connections and relationships between classes, life experiences, and practice.

The clinical instruction component of the curriculum provides the learning-by-doing (practice) part of the student's educational experience. Practice consists of learning HOW-TO-DO, and next, understanding WHAT ONE DOES, and finally WHY ONE DOES IT. Learning-by-doing can consist of discussion, reading case histories, role playing, simulation games, films; and programmed learning objectives determine methods chosen for practice. Clinical practice sessions are an essential part of the learning experience and should provide exposure to skills, techniques, and knowledges exemplified by the profession. In selecting agencies to be utilized, care should be taken that practices and examples are of high quality with positive influences for students.

PLANNING AND IMPLEMENTING

Clinical learning experiences are planned to correlate with the theory presented concurrently. The theory may precede the practice clinical experiences, but in no instance may practical clinical experiences precede the related theory. The one area all schools should avoid for beginning students is the care of critically-ill patients whose welfare depends upon expert nursing.

Establishing good relationships with personnel of clinical facilities requires considerable time and the use of positive methods. Suggestions dealing with communication which contribute to mutual understanding are given in the section on "Facilities, Equipment, and Instructional Aids".

The need and arrangements for clinical experiences as an integral part of nursing education can affect the quality of the program, its economics, its legal aspects, and even some of the planning for the programming of general education courses in which the students are enrolled. It should be the teacher's responsibility to select assignments in order to meet the objectives of the experience. This task should not be delegated to a head-nurse nor focused on a service-type role for the student.

Learning objectives (or goals) depend on the competencies desired by instructors and students. At the end of the course, what should the student be *able to do*, and what kind of a person should he *be*? Both students and instructors need to keep in mind the differences between work competencies, the ultimate goal of practice, and student competencies which focus on what the student needs to learn in order to do certain things and to be a certain kind of person.

Marlow[1] lists the following as general learning goals:

1. Self-awareness to the degree that he can recognize and differentiate his own needs from those of his client's. (The term client is broadly used throughout this manual and designates individuals, groups, and communities as applicable.)

2. An ability to move into accepting relationships with clients and a recognition of the range of feelings presented by them.

3. An incorporation of professional values and attitudes.

4. Development of practice skills in interventive methods and integration of classroom theory in human behavior, social science theory, and knowledge of social welfare systems to the degree that he can apply them appropriately to the field in the delivery of social services in more than one setting.

5. Acquaintance with a variety of settings both in the social welfare and related systems so that he can make appropriate referrals.

6. An understanding of some skill in methods of effecting social change and the development of attitudes of social responsibility.

7. Development of curiosity, i.e., a critical approach to theory and practice. Student should become receptive to new ideas and the need to test them, have concern for the way new knowledge has been obtained, and take responsibility for continuous learning. He should become

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[1] Wilma D. Marlow. *Manchester Community College Field Manual: Social Service Internship*. Manchester, Connecticut: Manchester Community College, 1965, p. 3.

aware of gaps in services and feel some concern for contributing to changes in policy or systems which may affect them.

8. Development of a sense of being part of an agency team whose purpose is the delivery of appropriate services.

Content will consist of experiences that will probably combine all four aspects of learning: knowing, doing, feeling, and being. However, in planning to teach, it is sometimes easier to divide these total experiences into knowledge, skills and abilities, and attitudes and values.

Some teachers equate clinical instruction with the gaining of skills. Actually, gaining knowledge and attitudes are equally important. Various skills are considered necessary for practice. In addition to routine hand skills, one finds that in nursing practice other skills are necessary: communication, developing a helping relationship, interviewing and information gathering, working with groups, resource mobilization and using existing resources, situation assessment (problem solving), nursing care development, implementation, and evaluation. Clinical instruction is the place where instruction comes alive. Here the student learns to give service with sensitivity, humanity, self-respect, efficiency, and safety. She becomes aware of conflict in herself, the agency and society and learns to adjust to these and other stresses. It is not to be expected at the associate degree level that the student will internalize all the proficiencies of the nursing profession to the point she habitually functions, thinks, and behaves as the baccalaureate graduate responds. Rather, examples can be pointed out and discussed in conferences and/or individually and the student will learn by observing instructors, workers, and other students acting as positive or negative models as well as by practice. Learning-by-doing implies some repeated practice of those procedures, methods, and behaviors which will lead to the competencies desired by students and instructors. Sequence makes the practice more successful; i.e., starting from the easier or simpler and going to the more complex.

Clinical instruction is the glue that makes all the parts of a student's experience stick together. To him, it is not learning about the nursing services, it is the services themselves. This can only happen if educational institution and clinical agencies are clear as to what they believe the learning experiences should be and help the student consciously integrate these parts. Both instructors and students need drill in integration--understanding and using all the concepts and skills taught in the various classes, the practical experience itself, and the student's life experiences. If the student learns to recognize and use connections and interrelationships between classes, field, and personal experience, the total educational experience comes alive. Integration does not happen automatically for either instructors or students. It must constantly be kept in mind and be practiced.

Integration will be aided if a few powerful unifying ideas, concepts, or threads are jointly held and repeatedly emphasized in both theory and practice.

Powerful ideas can give a thread of continuity which runs through all class and practice experiences. The use of threads is one way that consciously helps students integrate their learning experiences. The student could keep a notebook or file system with the major heading being the identification and definition of the "thread". As this topic is referred to in succeeding classes, study information can be catalogued under the appropriate topic. In the first year, content and practice relevant to a certain "thread" would probably need to be identified by the teacher. As the student develops the habits of organization, integration, and synthesization, it may not be necessary for the instructor to specifically identify content and/or practice relating to a thread. It is desirable that the student learn to be self-directing in this endeavor in the second year as he learns to assume more responsibility for his own learning. Cataloguing under the "thread" file system is an excellent way to review class notes while the student is studying and reviewing each lesson; it also acts as a reinforcer when used in this manner.

EVALUATIONS

Periodically, any organization must look at itself and take into consideration how it is doing and where it is going. Evaluations must be made of the total program, students, and faculty. Many facets must be included in these evaluations in order to determine if objectives are being met and students are being provided with the kind of education which meets their personal and job needs. General evaluations should be made to determine if graduates are securing and holding jobs and if graduates are considered competent by the employer. Each educational institution needs and usually has a simple way of keeping in touch with students after they leave the school. Follow-up studies will help the faculty know the number of students who are continuing their education or getting and holding jobs. Also, the faculty will learn how the students feel concerning the adequacy and efficiency of their educational program and how it might be improved.

Students

Both faculty and students should participate in evaluation. Based on practical criteria, students should be asked to assess their learning experiences for both class and clinical sessions. As part of the educational process, they should be asked to rate themselves in conjunction with their instructors.

A systematic plan of studying and evaluating the curriculum is essential. The plan should include:

1. Mechanism for student involvement.

2. Methods, tools, and a schedule for implementing the evaluation plan.

3. Evaluation of student learning, courses, and the total curriculum.

Information acquired through evaluative devices should be studied, organized, and then applied to course reevaluation and revision to improve the overall program and its product.

The on-going assessments should be made to determine the development of the whole student as well as the total program. Academic and clinical practices will be equated in grades compatible with the grading system used by the educational institution. The ability to relate to the patient and medical personnel will be determined by periodic objectives. Instruments of evaluation should be shared with the student prior to use. Students should receive comprehensive evaluations by peers, faculty, and staff. The achievement of being a safe nurse practitioner will be determined by combined result, but will be the nursing faculty's responsibility.

Student evaluations can be made by these specific means:

1. Observations in classrooms, audiotutorial labs, laboratories, and clinical areas by faculty.

2. Conferences (individual and group), contributions made by students, and quality of preparation.

3. Testing--standardized, and teacher-made written tests, oral testing, rating scale, and performance testing.

4. Peer evaluations can be included, using rating scales regarding interrelation.

5. Clinical personnel may be involved in student evaluation by way of rating scales and/or conferences.

6. Flanagan Rating Sheets can be used.

All skills are individually evaluated by using prescribed criteria for the laboratory until a satisfactory performance is attained before the student is permitted to practice the individual skill on a patient in a clinical setting. Practice opportunities without supervision are infinite in the laboratory and evaluation is requested by the student as he feels he is ready for check-off and within time limits set by teachers to predetermined criteria at stated intervals. The evaluation criteria should be made known to the student at the beginning of the clinical experience. Random sampling is recorded and maintained as anedotal records. Conferences should be arranged for discussion and clarification as warranted and at stated intervals so that the student is constantly aware of his progress. Records must be on file of conferences verifying student conferences. Many teachers feel the need of different criteria for evaluating the different courses, although one evaluation or rating sheet may be developed which can be used throughout the program. When this is done, it needs to be based on the "threads" of the program, unifying them, and have ascending expectancy levels as the student progresses.

Faculty

Faculty evaluations can be made by:

1. Students using rating scales and on standardized printed forms.
2. Director and dean making classroom and/or clinical visits, using prepared materials for assessments.
3. Dean and director making routine faculty evaluations of overall performance, using standardized criteria.

Courses

Courses can be evaluated by:

1. Students, based on prescribed criterion.
2. Students' performance, based on knowledge acquired in stated course.
3. Faculty, based on outcome in terms of student effort, motivation, and subsequent learning.
4. Graduate survey by means of standardized forms.

Program

Program can be evaluated by:

1. Student objective and subjective observations, using form letters.
2. Faculty objective and subjective observations.
3. Graduate follow-up studies. Annual follow-ups can be sent to all graduates of the Associate Degree Nursing Program. In addition, follow-up forms can be sent to the employers to assess the value of the training received. The follow-ups for the students will contain information relevant to employment, salaries, and suggestions for improvement of the curriculum.
4. Employee contributions regarding amount and kind of in-service necessary for graduate and overall job performance of graduates.
5. Advisory committee survey.
6. Joint evaluations (student, faculty, clinical personnel) through conferences and discussions.
7. Southern Association Accreditation Visitation Teams.
8. North Carolina Board of Nursing.

9. Success of first time writers of licensing examinations.

10. National League for Nursing consultation services in preparation for accreditation by National League for Nursing.

11. An examination of the program can be made periodically, based on the following criteria introduced as the basis for evaluation:
    a. The program be practical in that the training relates to the needs of the area, but at the same time all areas of nursing are covered, since there is no guarantee that students will remain in the same area after graduation.
    b. Instruction be individualized through use of audiovisual materials and instructors.
    c. A variety of clinical experiences be provided.
    d. The instructors be qualified and interested in the student.

End of the Quarter

Evaluation can be conducted in the following ways:

1. Student evaluation of faculty as to effectiveness in theory as well as action.

2. Instructor's evaluation of students' progress as it relates to academic and clinical work.

3. Self-evaluation by faculty.

4. Evaluation of faculty by Division Chairman and Dean of Occupational Education during the spring quarter of each year.

5. Faculty and student evaluation of overall program effectiveness.

6. Evaluation of students by personnel in clinical facilities.

7. Evaluation of personnel at clinical facilities.

Evaluations and assessments of the program are a time-consuming and a never-ending process. The program will change as conditions and experiences warrant, but the aim is to strengthen and develop a permanent program. Realistic assessment of the cost of evaluations must be considered in this constant search to find better ways to teach. The amount of money and administrative time required for evaluation relates to a large degree to the ability of the director and faculty to organize and supervise. Scheduling must allow for the extra time required to develop and implement the means chosen for evaluation. Existing faculty should be used efficiently and effectively. Programs in nursing education will discover that time spent evaluating the process will produce untold benefits.

Nursing Achievement Tests

National League for Nursing Achievement Examinations are available and convenient to use. They are not necessary for all schools, but they do offer a valuable index to national comparisons and ratings. Information for ordering can be easily secured from the NLN office. The cost is related directly to the number of answer sheets which are machine scored. This service costs about $1.00 per test including test booklet which must be returned, answer sheets, pencils, and services of scoring and providing print-out sheets of percentile ranking for each individual student and total class. Test booklets are available for faculty upon request. One major advantage of this achievement test taking is that it affords the student the practice and experience of taking machine-graded, comprehensive tests under precise conditions in a relaxed classroom environment. This conditions the student favorably for taking comprehensive examinations under more stressful conditions.

The NLN Achievement Tests used will be determined by the faculty. The following list is only suggested for faculties who are not familiar with these examinations. Time should be provided for the faculty to review the tests with the student in order to obtain immediate feedback.

First year after all related content has been presented:

1. Three units of content (TUR), includes nutrition, fundamentals, and basic scientific content.
2. Nursing including pharmacology (NIP), includes medical-surgical, pediatric, and obstetric nursing content as well as pharmacology.

Second year after all related content has been presented:

1. Anatomy and physiology
2. Microbiology
3. Comprehensive medical-surgical nursing, part I
4. Comprehensive medical-surgical nursing, part II
5. Nutrition and diet therapy
6. Clinical pharmacology
7. Psychiatric nursing
8. Disaster nursing
9. Comprehensive maternal and child nursing
10. Pediatric nursing

11. Communicable disease nursing

Tests are also available in chemistry, microbiology, anatomy, physiology, etc. These can be used in both years according to curriculum design.

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APPENDIX A

SOURCES OF AUDIOVISUAL MATERIALS

NOTE: Each instructor should select audiovisual materials that best meet the program objectives.

AMA Film Library
535 N. Dearborn
Chicago, Illinois 60610

American Cancer Society
219 East 42nd Street
New York, New York 10017

American Film Producers
1600 Broadway
New York, New York 10019

American Heart Association
Film Library
267 West 25th Street
New York, New York 10001

American Journal of Nursing Co.
Educational Sources Division
Film Library
267 West 25th Street
New York, New York 10001

Ames Company
Division of Miles Laboratories, Inc.
Elkhart, Indiana 46514

ANA-NLN
10 Columbus Circle
New York, New York 10019

Association Films, Inc.
Source for American Hospital
Association Films
512 Burlington Avenue
La Grange, Illinois 60525
or
8615 Directors Row
Dallas, Texas 75247

Association for Childbirth Education
Film Committee
5th and Seneca Street
Seattle, Washington 98101

Bailey Film Association
11559 Santa Monica Boulevard
Los Angeles, California 90025

Baxter Laboratories
Morton Grove, Illinois

Robert J. Brady Co.
130 Que Street, N. E.
Washington, D. C. 20002

Burgess Publishing Company
Audio Tutorial Systems
426 South Sixth Street
Minneapolis, Minnesota 55415

Carousel Films, Inc.
Suite 1503
1501 Broadway
New York, New York 10036

Childbirth Education Association
7337 - 27th N. W.
Seattle, Washington 98107

CIBA Pharmaceutical Co.
556 Morris Avenue
Summit, New Jersey 07901

Claremont Medical Laboratory
370 West Third Street
Claremont, California 91711

College of St. Theresa
Audio Visual Department
Winona, Minnesota 55987

Commandant Sixth Naval District
Training Aids Section
Building 1193
U. S. Naval Base
Charlestown, South Carolina 29408

Concept Media
1500 Adams Avenue
Costa Mesa, California 92626

Department of Health, Education and Welfare
National Medical Audio Visual Center (Annex)
Station K
Atlanta, Georgia 30324

Du Art Film Labs, Inc.
245 West 55th Street
New York, New York 10019

Encyclopedia Britannica Films
Preview Rental Library
4424 Oakton Street
Skokie, Illinois 60076

Fairfield Surgical and Medical-Electronics, Inc.
Kings Highway West
Southport, Connecticut 06490

Filmmakers Library, Inc.
11 Riverside Drive
New York, New York 10023

Fleet Company, Inc.
4615 Murray Place
Lynchburg, Virginia 24505

Geigy Pharmaceuticals
Medical Service Department
Box 430
Yonkers, New York 10702

Health Careers Film Guide
Office of Information
Bureau of Health Manpower Education
National Institute of Health
Bethesda, Maryland 20014

Health Education Visual Aids
Film Library
N. C. State Board of Health
P. O. Box 2091
Raleigh, North Carolina 27611

Health Film Association
15533 S. E. Ninth Street
Bellevue, Washington 98004

Indiana University
Audio Visual Center
Bloomington, Indiana 47401

International Film Bureau
332 South Michigan Avenue
Chicago, Illinois 60604

Jay Hathaway Production Services
4846 Katherine Avenue
Sherman Oaks, California 91403

Johnson and Johnson
New Brunswick, New Jersey

La Leche League International
9616 Minneapolis Avenue
Franklin Park, Illinois 60131

Life Filmstrip
Time & Life Building
Rockefeller Center
New York, New York 10020

Eli Lilly & Co.
Audio Visual-Film Library
Box 618
Indianapolis, Indiana 46206

J. B. Lippincott Company
East Washington Square
Philadelphia, Pennsylvania 19105

Magee Women's Hospital
Forbes Avenue and Halket Street
Pittsburgh, Pennsylvania 15213

Mead Johnson Laboratories
2404 West Pennsylvania Street
Evansville, Indiana 47721

Medi Visuals, Inc.
342 Madison Avenue
Suite 1812
New York, New York 10017

Merck, Sharp & Dohme
Professional Services Department
West Point, Pennsylvania 19486

The Wm. S. Merrell Company
Department of Professional Relations
Cincinnati, Ohio 45215

Midwest Parentcraft Center
3921 Lincoln Avenue
Chicago, Illinois 60613

Montgomery Junior College
Tacoma Park, Maryland 20012

National Audiovisual Center
Washington, D. C. 20409

National Foundation for Cystic
Fibrosis
618 Walnut Street
Suite 1400
Philadelphia, Pennsylvania 19106

National Tuberculosis and Respiratory
Disease Association
1740 Broadway
New York, New York 10019

New York University College of
Medicine
550 First Avenue
New York, New York 10016

North Carolina Department of
Public Instruction
Division of Educational Media
Raleigh, North Carolina 27611

Patent Education Department
81 North Seventh Street
San Jose, California 95112

Pfizer Laboratories
Professional Services Department
235 East 42nd Street
New York, New York 10017

Prentice-Hall, Inc.
Englewood Cliffs, New Jersey 07632

A. H. Robbins
Medical Department
1407 Cummings Drive
Richmond, Virginia 23220

Roche Laboratories
Professional Service Department
Nutley, New Jersey 07110

Ross Laboratories
Columbus 16, Ohio

Sandoz Pharmaceuticals
Medical Film Department
Route 10
Hanover, New Jersey 07936

G. D. Searle & Company
Reference and Resource Program
1841 Broadway
New York, New York 10023

Smith, Kline, and French
Laboratories
Medical Department
1500 Spring Garden Street
Philadelphia, Pennsylvania 19101

E. R. Squibb & Sons, Inc.
Professional Service Department
745 Fifth Avenue
New York, New York 10022

State Board of Health
(write to your local agency)
or
Florida State Board of Health
Jacksonville, Florida

State Heart Association
(write to your local agency)
or
Florida Heart Association
St. Petersburg, Florida

Swank Motion Pictures, Inc.
201 South Jefferson Avenue
St. Louis, Missouri 63166

Trainex Corporation
P. O. Box 116
Garden Grove, California 92642

Director, Audio Visual Support Center
United States Army
Hq. Third
Fort McPherson, Georgia 30330

United Surgical Corporation
Largo, Florida 33540

Universal Education and Visual Arts
221 Park Avenue South
New York, New York 10003

University of California
Academic Communications Facility
Royce Hall
Los Angeles, California 99024

University of California
Extension Media Center
Berkeley, California 94720

University of Minnesota
Audio Visual
Minneapolis, Minnesota 55455

University of Mississippi
Medical Center
2500 N. State Street
Jackson, Mississippi 39216

University of Southern California
Department of Cinema
University Park
Los Angeles, California 90007

University of Washington
Audiovisual Services
Seattle, Washington 98101

Upjohn Professional Film Library
7000 Portage Road
Kalamazoo, Michigan 49001

Veterans' Administration
Central Office Film Library
Audio Visuals Service
Washington, D. C. 20420

Warner-Chilco Laboratories
Professional Services Department
201 Tabor Road
Morris Plains, New Jersey 07950

Wayne State University
Systems, Distribution & Utilization
Department
680 Pittman
Detroit, Michigan 48202

Winthrop Labs
Medical Film Department
90 Park Avenue
New York, New York 10016

Wyeth Laboratories
Professional Service
Box 8299
Philadelphia, Pennsylvania 19101

APPENDIX B

SAMPLE CONTRACT

____
Educational Institution

____
Clinical Agency

Agreement made and dated this _____ day of ______________, 19____ between ____, hereinafter referred to as the Educational Institution and ____________ ____________________________________, hereinafter referred to as the Clinical Agency.

This agreement between the Educational Institution and the Clinical Agency will be effective for a period of ______ years following the present date (inclusive dates). Prior to the date of termination, ______________, the agreement shall be automatically renewed for an additional year unless either party requests a change or termination of this agreement.

The Educational Institution and the Clinical Agency hereby mutually and informally agree with each other to the following:

The Clinical Agency will be responsible for the organization, administration, operating and financing of its services. It shall endeavor to maintain standards accepted for efficient hospital management by the Joint Commission for the Accreditation of Hospitals and by the North Carolina Board of Nursing.

I. Instructional Program

Students registered in the nursing program at the Educational Institution may utilize for clinical training the various departments of the Clinical Agency. The days and hours of clinical experiences are planned by the faculty of the Educational Institution and the director of nursing at the Clinical Agency.

It is understood that the students of nursing and faculty personnel are not entitled to any compensation from the Clinical Agency in connection with this nursing program. The Educational Institution does not expect compensation from the Clinical Agency for such services, but desires to donate these services on an unconditional basis.

II. Specific Responsibilities of the Clinical Agency

A. To supply dressing room and security of personal property for the students and instructors.

B. To provide conference room space and use of any available instructional materials.

C. To provide practice nursing and/or observational opportunities within the wards and the various departments of the Clinical Agency.

D. To allow the students and instructors, at their own expense, to use cafeteria facilities in the Clinical Agency.

E. To allow use of in-service educational materials in instructing the students.

F. To foster among staff and employees, both technical and professional, a "teaching-attitude" of helpfulness to students and instructors.

III. Specific Responsibilities of the Educational Institution

A. To go through the proper channels to make plans for observations and/or practice nursing experience.

B. To provide all supervision and instruction required in the program, unless in specific instances other provisions are made.

C. To abide by the existing rules and regulations of the Clinical Agency.

D. To notify the Clinical Agency as to the number of students expected to enroll each year at least six months in advance.

E. To notify the Clinical Agency as to the number of students expected, at least one month in advance of planned observation and/or practice nursing experience in order to insure that facilities can be provided.

F. To assume responsibility for cost of equipment that is broken or damaged due to negligence (otherwise assumed by the Clinical Agency).

G. To assume responsibility for health care and liability insurance.

H. To teach students to respect the confidential nature of all information with regard to patients, hospital records, and personnel.

IV. Mutual Responsibilities

The nursing department of the clinical agency and the faculty in the nursing department of the educational institution shall cooperate in the concurrent and terminal evaluation of the program.

______________________ Educational Institution	______________________ Clinical Agency
______________________ President	______________________ Administrator
Date ________________	Date ________________
______________________ Chairman, Board of Trustees	______________________ Chairman, Board of Trustees
Date ________________	Date ________________

APPENDIX C

ADMISSION POLICY, ACADEMIC REGULATIONS, AND GRADUATION POLICY

ADMISSION POLICY

The educational institution administers various tests which assist in the placement of students in the most suitable program. A personal interview with a member of the nursing faculty after the student's application has been completed will aid the student in making the decision whether to prepare for a career in nursing. If the record indicates that the student has the potential for a diploma or an associate degree, he may be advised to enter the nursing program. If scores on tests indicate a lack of readiness to enter this program, the student will be assigned to a developmental studies program (non-credit), or to a learning laboratory. Prospective nursing students may take general educational courses along with developmental studies. Upon satisfactory completion of developmental studies, records of applicants for admission to the nursing program will be reviewed and the student will be interviewed by the counselor and a member of the nursing faculty. Students desiring to take advanced studies may consider taking college parallel courses.

Qualifications for acceptance:

1. High school graduation or equivalency certificate (GED)
2. Good physical and emotional health
3. Good moral character
4. A desire to work with and for people
5. Ability and aptitude to pursue the nursing curriculum

In addition to the regularly required courses for high school graduation, the prospective nursing student should have high school credits in chemistry, biology, and at least one course in algebra. Enrollment will be limited according to available learning experiences for both physical and clinical components of the curriculum.

Procedure for processing applicants:

1. Applicant is screened by a member of the counseling staff to ascertain good mental and physical health, acceptable moral character, and achievement potential predicative of success in the program. (See information below for definitions and guidelines.)

2. Following collection of data, an interview is scheduled with a member of the faculty. This interview will focus upon assessing the applicant's personal characteristics in relation to suitability for nursing.

3. The decision as to acceptance or rejection of an applicant is usually made by the Nursing Admissions Committee and nursing faculty members.

Suggested members are director of nursing education, dean of admissions, the academic dean, and other faculty representatives.

4. Applicants will be notified of acceptance or rejection by the registrar's office.

5. Accepted applicants will update medical information prior to admission. It is desirable to have medical information which was recorded within, or no earlier than, 3 months prior to admission to the program.

Definitions, tools, and guidelines for assessing candidates:

1. Good physical health is defined as:
   Being free of disabling or contagious disease
   Able to perform fine and gross motor skills
   Not being limited in normal weight bearing activities
   Free of physical disfigurements which would result in discomfort to patients or self

   Tools to assess physical health include:
   Physical examination, including tests and immunizations listed on forms
   Record of school attendance or employment attendance
   Observations of interviewer as to general appearance, motor skills, and appropriate behavior

   Specific situations:
   (a) Chronic illness - individuals with conditions such as diabetes, lupus, or hypertension are acceptable if they are in a state of control or balance. Individuals who have cerebral seizures (epilepsy) must be evaluated individually by the director of nursing education in consultation with the family physician or neurologist. (b) If an individual has a positive serological test for syphilis, a determination must be made as to whether the results are congenital, biological, false, positive, active, or treated. A person classified in active state would not be acceptable for performing patient care activities such as administering drugs parenterally.

2. Good mental health is defined as:
   Reacting appropriately to stressful situations
   Withstanding everyday environmental stresses with little difficulty
   Using healthy coping mechanisms
   Understanding one's own ability to cope with stressful situations

   Tools to assess mental health include:
   Physical examination
   Interviews - 2
   References - 3
   Psychological evaluation if necessary
   Letter from psychiatrist if applicant is receiving or has received intensive therapy or hospitalization for mental illness

Specific situations:
(a) Individuals receiving supportive care from mental health therapist and/or temporary labile emotional control resulting from recent traumatic experience may be considered safe for patient care activity.
(b) Individuals with the following characteristics may not be suitable for patient care activities:
Those receiving intensive therapy at present
Those having a history of chemotherapy or electroshock therapy
Those receiving massive, regularly scheduled doses of drugs to maintain affect

3. Good moral character is defined as:
Having reputation of being basically honest
Being free of police record other than for misdemeanors

Tools for assessing moral character include:
Reputation in community, if supported by facts
Rationale for requirement: (a) There is both a moral and legal obligation to graduate only those people who can be trusted to care for dependent people. (b) The moral obligation follows: Graduates of this program must be recommended for the licensure examination: Section 90-158, 119 of the NURSING PRACTICE ACT specifies that a license should be denied to a person if there are facts supported by competent evidences that the individual:
Has been convicted of a felony or any other crime involving moral turpitude
Is guilty of gross immorality or dishonesty
Is addicted to alcoholic or other drug habits to such a degree as to render him unfit or unworthy to practice nursing
References

4. A desire to work with and for people is defined as:
Willingness to work according to patients needs for nursing care
Willingness to work all hours (days, evenings, and nights) and weekends

Tools used to assess desire:
Interview
Previous work experience
Home and family responsibilities

Guidelines for assessing desire:
Interest indicated during interview
Personal data received during interview
References and direct and unobtrusive observations

5. Achievement potential will be defined as having both capacity to learn and motivation to use the intellectual capacity. Tools for measuring achievement potential are incorporated with guidelines.

ACADEMIC REGULATIONS

System of Grading

A student must maintain a cumulative quality point average of 2.0 or better to be a student in good academic standing.

Student progress is measured by quality point average (Q.P.A.); the quality of work a student has done at the educational institute through one or more quarters is reflected by his cumulative point average (C.P.A.)

The quality point average may be calculated as follows:

1. Allowing four points for an A, three points for a B, two points for a C, one point for a D, and zero points for an F, multiply the number of points equivalent to the letter grade received in each course by the number of credit hours for the course to arrive at the quality points earned in each course.
2. Divide the sum of the quality points by the total number of credit hours of work; the quotient represents the quality point average for the quarter.

The cumulative point average is determined in the same manner as the quality point average, except that all of the student's work at the educational institution is taken into account.

A student making less than 1.5 quality point average following two consecutive quarters is placed on academic probation at which time he is required to consult a counselor.

To continue in the nursing program, a student should make a minimum of a C average on nursing and science courses.

Guidance

Guidance of the student begins with the admission interview. Immediately after registration, students meet with the faculty in their major course of study for an orientation to the entire curriculum. Each student is assigned to a faculty adviser who helps him select his courses in subsequent quarters. Students are invited to discuss their personal and classroom problems, as well as their educational and vocational plans, with any member of the staff, as well as with the Office of Student Personnel. The Student Pe sonnel Office helps students in all matters pertaining to transfer.

Students who need specialized, individual counseling service beyond that provided by faculty adviser may be referred to the Student Personnel Office.

ealth

First aid is provided by the educational institution. General medi-
al and surgical care are provided by the student's physician.

Nursing students must have a complete physical examination prior to
dmission (see Pre-Medical and Dental forms).

When a student becomes ill, her activities with patients during clini-
al laboratory experiences will be planned according to the advice given
y the student's physician to her, the counselor, and the director of the
ursing program.

Students will have another physical examination during the spring
onths prior to graduation.

RADUATION POLICY

raduation

The Community College System grants the Associate in Applied Science
egree to students who complete a two-year nursing program, and a voca-
ional diploma for completion of the one-year program. All candidates
ust complete the general education requirements applicable to the re-
pective program in addition to the nursing courses. Vocational candi-
ates must complete the outlined courses in the respective curriculum.
he student's overall grade point average must be at least a 2.0 ("C") on
ork attempted at the community college or technical institute.

ommencement

A policy should be written in collaboration with the educational in-
stitution's administration and the nursing education program.

DENTAL EXAMINATION*

____
Educational Institution

____
Address

NOTE TO APPLICANT AND DENTIST: For the applicant to be permitted to enroll in classes in nursing education, the teeth, mouth and gums must be in satisfactory condition. Any necessary treatments must be begun before enrolling. Further treatment must be continued until applicant's mouth is in satisfactory condition.

This is to certify that _______________________________________

came for a dental examination on _______________________________.
(Month) (Day) (Year)

	Right	Left
Upper -	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
Lower -	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0

X = has been extracted
Imp = impacted
C = caries
0 = to be extracted
Dev = devital
Temp = temporary
Def = defective filling
Un = unerupted
G. Cr. = gold crown

CONDITION OF MOUTH: good _____ average _____ poor _____

CONDITION OF GUMS: good _____ average _____ poor _____

CONDITION OF TEETH: good _____ average _____ poor _____

OCCLUSION: good _____ average _____ poor _____

How often are teeth examined? _______________________________________

---

*Return to Admission Office along with application to educational institution.

Please indicate schedule for additional treatment(s).

(Date)	(Treatment)

Signature ______________________________
(D.D.S.)

Address ______________________________

____

Date ______________________________

PRE-ENTRANCE MEDICAL RECORD*

____
Educational Institution

____
Address

NOTE: The physician should make a careful physical examination prior to admission. Please complete the entire form.

Name of Applicant ____

Date of Birth ____________________ Weight __________ Height __________
Month Day Year

A. Medical History of Family (With special reference to chronic illness and mental or nervous disorders):

____

____

____

B. Medical History

1. Any hoarseness, cough, or shortness of breath on moderate exertion ____
2. Tuberculosis ____________________ type ____________________
3. Epilepsy, any mental disorder, emotional instability, or headache ____

   Treatment, if any ____
4. Rheumatism or rheumatic fever ______________________________
5. Heart diseases ____
6. Hay fever, asthma, eczema, or other allergic reaction, including drug reactions ____
   ____

---

*The applicant should send this form when filled out by physician to Admission Office along with application to educational institution.

7. Diabetes ______________ Is treatment required? __________

8. Menstruation: regular _______ irregular _______ pain ______

Is bed rest required? _________ If so, how long? __________

9. Childhood diseases ____________________________________

____

10. Other diseases ______________________________________

11. Operations ____

12. Injuries ____

C. Physical Examination

1. Condition of:

Eyes

	Lt. Eye	Rt. Eye		Yes	No
Near vision:	_____	_____	Color blindness	_____	_____
Far vision:	_____	_____	Glaucoma test	_____	_____

Ears _________________ Sinuses ____________________

Skin _________________ Nose _______________________

Throat (Adenoids and Tonsils) ______________________

2. Lungs _________________ abnormal signs _______________

Chest X ray ___________________ Date _________________

3. Heart: size _____ sound _____ murmurs _____ rhythm ________

Rate and rhythm of pulse _________ blood pressure __________

4. Abdomen: scars _____ tenderness _____ palpable masses _____

5. Urine: quantity _____ sp. gr. _____ protein _____ sugar _____

6. Posture ____

7. Condition of feet and arches ______________________________

8. Has applicant any handicaps? _____ State nature ____________

____

D. Immunizations and Tests (Complete prior to admission)

Test	Date Complete	Results	Immunizations	Date Complete	Initial Series	Booster
Serology			Diphtheria-Tetanus			
Tuberculin			Smallpox			

E. Recommendations

1. Do you consider the applicant mentally and physically able to undertake a regular college program? ____________
   Program in nursing? ____________ If not, limitations? ______
   ____

2. Do you recommend the applicant for admission to the school?
   ____

3. Are you her/his family physician? ____________
   How long have you known the applicant? ____________

I have this day given ____________________ a physical
examination and found her/him in ____________________ health.

Signature ______________________________ M.D.

Address ______________________________

____

Date ____________________

APPENDIX D

INTERVIEW AND APPRAISAL SHEET*
(PNE and ADN)

E OF APPLICANT ____________ AGE ____ TELEPHONE - HOME ______

RESS ______________________________ WORK ______

Street or Route City Zip

Source From Which First Interest Was Obtained Concerning Course
Review written intent of applicant concerning nursing.

Test Scores (Use data from tests used for admission of individual institution)

GATB G. Intelligence ____________ Clerical aptitude Q ____________
V. Verbal ____________ M. Manual dexterity ____________

Math placement ____________ English Placement ____________

Otis ____________ Other ____________

Factors to be Considered:

1. Length and acceleration of this program
   Educational opportunities: PNE ____________ ADN ____________
2. What kind of family support? ____________
   a. Marital status S____ M____ W____ D____ Sep____
   b Date ____________
   b. Number of children ____________ Ages ____________
   c. Husband's working hours ____________
   d. Preparation for child care ____________
3. Financial status
   a. Applicant working ____________
      (1) Main support ____________
      (2) Number of hours ____________
   b. Financial aspects considered ____________
      (1) Textbooks ____________ (5) Transporation ____________
      (2) Tuition ____________ (6) Meals ____________
      (3) Uniforms ____________ (7) Child Care ____________
      (4) Fees ____________
4. Study habits
   a. Last year of school ____________
   b. High school grades ____________
   c. Post high school grades ____________
   d. Available study time ____________
5. School hours explained ____________
6. Estimate of general health
   a. Eyes ____________ d. Back ____________
   b. Feet ____________ e. Hands ____________
   c. Legs ____________ f. General physical condition ____________

---

ep in student's personal file.

7. Any problems which may prevent applicant from completing course?
   - a. ________
   - b. ________
   - c. ________

8. Has applicant ever applied for admission to or been in a health program?
   LPN ________ RN ________ Other ________
   - a. If so, where? ________ When? ________
   - b. How long? ________
   - c. Reasons for leaving ________

D. Observations

1. Personality
   - a. Shy ________
   - b. Outgoing ________
   - c. School activities and offices ________
   - d. Social interests ________
2. Appearance
   - a. Hygiene ________
   - b. Neatness ________
3. Conversational ability
   - a. Ability to speak in expressing views on why she has chosen nursing program ________
   - b. Is applicant comfortable with answers? ________
   - c. Grammar ________
4. Motivation
   - a. Why entering nursing? ________
   - b. What is applicants idea of nursing role? ________
   - c. Why this program? ________
5. Mental alertness
   - a. Review test scores ________
   - b. Review high school record ________
     - (1) Mathematics and science background ________
     - (2) School activities ________
6. Emotional stability
   - a. Has applicant ever been on any type of drugs relating to emotional problems? ________
   - b. Is family life stable? ________
   - c. Has applicant ever been treated by a psychiatrist? ________
   - d. Has applicant ever been treated in a mental health center? ________

ARE THE FOLLOWING ITEMS IN APPLICANT'S FILE:

Application ________
S. S. Number ________
Picture ________
Personal letter ________
Test results ________

Physical examination ________
Dental examination ________
Three references ________
School transcript or equiv. ________
Evidence of citizenship ________

RECOMMENDATIONS:

Interviewer ________

Date ________

APPENDIX E

STUDENT PERMANENT RECORD

1. Name on Student Record ______________________________

   Name on Birth Certificate ______________________________

   Date of Birth ______________________________

2. Permanent Home Address ______________________________

3. Present Mailing Address ______________________________

4. Local Phone Number ______________________________

5. Race ______________ Nationality ______________

6. Marital Status ______________ No. of Children ______________

7. Previous Nursing Experience ______________________________

8. College Ability Test Results - MATH __________ ENGLISH __________

9. High School Rating - Above Average______ Average______ Below Average______

10. Test Scores (GATB or others) ______________________________

11. Date Student Entered Program ______________________________

12. Date Student Completed Program ______________________________

13. Date Student Withdrew from Program ______________________________

14. Date of Withdrawal Interview and Comments ______________________________

    ____

    ____

15. Grade Point Average: 1st Quarter______ 2nd Quarter______ 3rd Quarter______

    4th Quarter__________ 5th Quarter__________ 6th Quarter__________

    7th Quarter__________ 8th Quarter__________ Total Average__________

16. State Board Results ______________________________

17. Counseling for Job Placement ______________________________

18. Job Placement Upon Graduation ______________________________

19.

Personal Rating:	Average	Above Average	Excellent	Comments*
Nursing Care Ability				
Appearance				
Personality				
Leadership Potential				
Health				
Academic Potential				
Attendance				
Academic Achievement				
Interest and Participation in Campus Activities				

Additional Comments:

Signed ______________________

Date ______________________

---

*See student's evaluation records.

APPENDIX F

EXAMPLE OF RELATING KNOWLEDGE AND SKILLS

SKILLS		USEFUL KNOWLEDGE
General Skills	Examples of Specific Skills	Selected Examples of Knowledge
1. Using oneself as a tool to help others	Interviewing Observing Listening Giving information Reporting and keeping records Growing in self-awareness	Communication Verbal Non-verbal Interpersonal relations Use of self as a tool
2. Using groups to help self and influence behavior of others	Being a member of group Leading a group Speaking before a group Behavioral modification techniques	Types of groups Socialization Theories of behavioral or psychological therapy
3. Using concepts of team nursing in specific health agencies	Learning: Expected ways of acting in agency Procedures in complex agency How to be member of a team Steps necessary to get a desired result	General knowledge of systems Concepts of: Role Function Interaction Concepts of: Culture Interaction Social functioning Person(s)-in-situation
4. Learning problem-solving a. Observe and describe b. Analyze and assess what problem is and where found (cont.)	Skills in: Interviewing and reporting Observing Seeing connections and interrelationships Learning to get specific information (cont.)	Concepts of: Symptoms Normal states Data or information processing Communication (cont.)

SKILLS		USEFUL KNOWLEDGE
General Skills	Examples of Specific Skills	Selected Examples of Knowledge
4. (cont.) c. Plan what the worker or agency can do to help with problem d. Act on plan e. Evaluate and revise plan Did worker's actions help patient? Anything more worker can do?	(cont.) Record keeping Writing reports Acting as member of a team or group Asking for and getting help from others Learning specific agency procedures Learning to use community resources	(cont.) Concepts of: Health resources Role(s) Patient Worker Peer Social exchange Concepts of: Functional (helpful) or dysfunctional (not helpful) Consensus Conflict

APPENDIX G

CRITERIA FOR EVALUATION OF STUDENT PROGRESS*

1. CLINICAL OBJECTIVES

TUDENT ______________________ CLINICAL AREA __________________

ATE FROM __________ TO ____________ QUARTER _________________

bjective A: To increase an understanding of the nurse's behavior and evelop an insight into the nurse/patient interaction

. Identifies and accepts own needs and feelings.

. Develops recognition of effects of own behavior on those being cared for.

. Recognizes and accepts own limitations and potentials in relation to the beginning practice of nursing.

. Develops perceptiveness of her patient's needs and feelings, potentials, and limitations and their effects on those around her.

. Makes application within realistic limitations of psychological concepts to self and patient's behavior.

Comments: Obstetric Unit Score: ____________

Comments: Nursery Score: ____________

Total: ____________

---

*Each school is encouraged to develop a scoring index to meet objectives. See Scoring Sheet, Appendix H.

Objective B: To develop an understanding of the beginning skills in relating therapeutically to obstetric patients.

1. Functions with skill in the role of a listener, evaluating her perceptions, thoughts, and feelings.
2. Recognizes symptoms and reactions, including symptomatology of physical and mental conditions and needs relating specifically to the obstetric and newborn patient.
3. Demonstrates the ability to use scientific principles and concepts in the problem-solving process, thus exhibiting the ability to formulate sound nursing judgments.
4. Consistently demonstrates accurate reporting and recording of facts, including self-evaluation of total patient care, thereby contributing to the therapeutic climate of the patient's environment.
5. Assists the patient by using a problem-solving approach, taking into consideration the patient's learning capacity.
6. Functions efficiently at the beginning level of practice when performing basic nursing skills.

Comments: Obstetrics

Score: ______________

Comments: Nursery

Score: ______________

Total: ______________

Objective C: To recognize and develop an understanding of the team approach to the care of the maternity and neonatal patient and to demonstrate the ability to function as a part of the nursing team.

1. Shows an understanding of the purpose and functions of each team member in providing for optimum physical and psychological care.

2. Recognizes the need to share pertinent information regarding experiences related to her patient's total care in nursing conferences.

3. Considers and includes team goals when planning and executing nursing care so as to significantly contribute to the overall plan of care for the individual patient.

Comments: Score: ____________

Objective D: To become familiar with the beginning nurse practitioner's role in maternal/child nursing.

1. Consistently plans and executes nursing care of the individual patient.

2. Demonstrates a beginning sense of responsibility as a nurse practioner, including importance of attendance and appearance.

3. Carries out safe nursing practice with awareness of own limitations.

4. Seeks assistance from instructors when in doubt about plan of care and/or tasks assigned, thereby using the instructor as a resource in providing better patient care.

Comments: Score: ____________

Objective E: To develop an awareness of the scope of the maternal/child health problem.

1. Interprets to lay people the maternal/child health problem.
2. Points out possible solutions to health problems.
3. Identifies community resources.

Comments: Obstetrics Score: ____________

Comments: Nursery Score: ____________

Student Comments:

Total Score: ____________

Student: ______________________ Grade: ____________

Instructor: ______________________

Date Discussed: ______________________

Attendence:

Days absent: ______________________

Days present: ______________________

Days late: ______________________

2. STUDENT PROGRESS RECORD*

Name ____

Inclusive Dates: From ________________ To ______________________

Skills to be Evaluated	Evaluation of Performance by Instructor
I. Intellectual Skills	
A. Grasp of facts and principles	
B. Use of facts and principles	
II. Problem-Solving Skills	
A. Judgment - decision-making	
B. Initiative and drive	
C. Stress handling	
D. Creativity	
E. Self-identification	

---

* Prepared by Manatee Junior College, Department of Nursing, Bradenton, Florida.

Skills to be Evaluated	Evaluation of Performance by Instructor
III. Communication Skills	
A. Verbal	
B. Non-verbal	
C. Sensitivity to others	
D. Teaching ability	
IV. Technical Skills	
A. Manual dexterity	
B. Accuracy	
C. Appropriate principles of asepsis	
D. Safety and comfort of patient	

Skills to be Evaluated	Evaluation of Performance by Instructor
V. Managerial Skills	
A. Planning	
B. Assumption of responsibility	
C. Team functioning	

Student Comments:

Signature of Student   Date

Signature of Instructor   Date

UNIT ____________________

DATE ____________________

3. EVALUATION OF CLINICAL ACTIVITY*

CLINICAL OBJECTIVES ____________________

Student	Pre-Planning	Nursing Care Administered			Effective Member of Health Team	Personal Centered Activities	Comments
		Safety	Patient - Centered Relationships	Dexterity			
1.							
2.							
3.							
4.							
5.							
6.							

S = Satisfactory
U = Unsatisfactory

---

* All evaluative concepts and grades such as "S" and "U" should be defined by the faculty and explained to the student

4. DRUG EFFECT WORKSHEET*

Student's Name ______________________ Date ____________

Drug - Mode of Administration & Dose	Patient's Initials and Age	Action Desired	Actual Effect	Possible Side Effects

* To be used by student and reviewed with instructor.

5. CARDS FOR USE IN PREPARATION FOR CLINICAL EXPERIENCES

Medication Card

Drug classification ______________________________

Trade name ________________ Generic name ________________

Action and uses of drug: ______________________________

____

Side effects: ______________________________

Usual dosage and mode of administration: ________________

____

Contraindications: ______________________________

Antidote: ______________________________

4"

6"

Use back of cards, if necessary. If cards are not preferred, a loose-leaf three-ring notebook may be used.

X ray Card

Name of X ray: ____________________

Purpose of X ray: ____________________

____

Preparation of the patient: ____________________

____

Possible interfering factors: ____________________

____

Findings: ____________________

Lab Card

Name of test: ____________________

What the test indicates: ____________________

____

Material tested: ____________________

____

Nursing procedure for collection specimen: ____________________

____

Normal range: ____________________

Test results: ____________________

Bibliography Card

Name ______________________ Date ________ Course ________

Bibliography: ____

Summary of important points: ___________________________

____

____

____

Evaluation of article: _______________________________

____

____

____

APPENDIX H

EVALUATION OF CLINICAL PERFORMANCE BEHAVIORS*

Second Year

COURSE NO. ________________ NAME ______________________________

STUDENT ____

QUARTER __________ CLINICAL AREA __________________________________

INSTRUCTOR ____

DATES: FROM _____________________ TO ___________________________

---

* Prepared by Guilford Technical Institute, Department of Nursing, 1974.

EVALUATION OF CLINICAL PERFORMANCE BEHAVIOR

I. Suggested guide for score values #1 for least satisfactory ADN Nurse and #4 for most satisfactory ADN Nurse:

0 = F; 1 = D; 2 = C; 3 = B; 4 = A

II. Suggested criteria for the evaluation of clinical behaviors (related to score and grade value).

Score	Behaviors	Comments
4	A Superior	Consistently performs in commendable manner. Self directed. Initiates request for assistance. Shows leadership ability. Written assignments in each area are developed in depth to enhance own learning.
3	B Above Average	On most occasions performs in above average manner. Rarely needs assistance. Shows leadership ability in most situations. Written assignments in all areas completed as required.
2	C Average	Performs in safe, therapeutic manner with limited assistance. Shows leadership ability with minimal assistance. Completes written assignments according to requirements of Practicum.
1	D Deficient	Often unsatisfactory. Cannot perform safely with assistance. Has difficulty evaluating/recognizing weaknesses and strengths. Unable to seek appropriate resources. Not motivated to use time effectively for learning.
0	F Unsatisfactory	Consistently unsatisfactory for professional nurse behaviors. Unsafe, unpredictable, consistently non-discriminating. Lack of confidence and anxiety affects performance. Inaccurate problem-solving. Does not effectively utilize available learning experiences; unable to correlate theoretical concepts.

Grading Scale

1. Total score in each section and divide by number of behaviors graded to equal average score.
   DO NOT ROUND OFF TILL (FINAL) TOTAL AVERAGE SCORE.

2. Total grade and "average score" of each section for total score average and convert to letter grade.
   ROUND OFF TILL NEAREST WHOLE NUMBER AT TOTAL AVERAGE SCORE.

III. If certain sections are not applicable on rotation, then write "omit" on that section.

IV. Instructors should date and initial all "Comments".

SUMMARY OF ASSIGNMENTS FOR PRACTICUM

Section I: Ability to Collect and Understand Significant Data Regarding Patient

COMMENTS

___A. Nursing care Plan

- ___1. Realistic nursing objective (revised as needed)
- ___2. Problems - Existing or potential problems stemming from areas of needs listed below:
  - ___Medical and treatment needs
  - ___Teaching and guidance needs
  - ___Self needs - specifies emotional needs
  - ___Personal hygiene and safety needs
  - ___Physiological/body needs
- ___3. Nursing approach - realistic, comprehensive, specifically stated
- ___4. Scientific principles valid
- ___5. Evaluation of each approach used in patient care
- ___6. Patient history - includes significant nursing history data
- ___7. Pathophysiology - shows understanding of process specific to this patient
- ___8. Textbook signs and symptoms and diagnosis:
  - ___relates to patient
  - ___reviews diagnostic procedure
- ___9. Meds, Rx and Dx., test on patient and lab:
  - ___Lab tests indicate abnormal findings and their significance
  - ___Relates purpose and effect of treatment and drugs

Section I (continued)

COMMENTS

___B. Drug and treatment and effect sheet

___1. Specifically identifies effect desired

___2. Detailed observations of actual effect

___3. Drug Classification and dosage accurate

___4. States scientific principles of treatments

____ TOTAL SCORE

____ AVERAGE SCORE SECTION I

Section II: Team Leader Skills - Demonstrates Leadership Ability Essential to the Effective and Successful Functioning of the Team

COMMENTS

___A. Encourages each member of the nursing team to utilize their potential to the fullest:

___1. Makes appropriate patient care assignments
___2. Effectively communicates verbally with each member of the team (i.e. team report).
___3. Supervises and teaches team members during care of their assigned patients
___4. Team assignments clearly written on assignment board

___B. Participates in direct patient care and is responsible for all patients on her team:

___1. Visits each patient after report and during the day
___2. Gives medications and/or treatments as indicated

Section II (continued)

COMMENTS

___C. Responsible for continuity of patient care:

___1. Receives night nurses report
___2. Makes rounds on all patients to rapidly assess patients' current condition
___3. Manages team conferences
___4. Communicates significant patient care needs and problems to Head Nurse during the day
___5. Maintains charts of patients cared for by the non-professional team members (i.e. aides).
___6. Gives pertinent information to members of on-coming nursing team

___D. Coordinates team conferences:

___1. Keeps Kardex updated
 ___Patient problems identified
 ___Appropriate approaches listed
___2. Personnel needs for paticipation and self-worth are met

___E. Sets a positive attitude as a team leader

___F. Able to identify personal strengths and weaknesses as a team leader and can set goals for self-improvement in this area

___G. Able to evaluate strengths and weaknesses of team members

___ TOTAL SCORE

___ AVERAGE SCORE SECTION II

Section III: Skill in Patient Care

COMMENTS

___A. Shows ability to organize total care of patients in larger groups

- ___1. Utilizes effective work organization sheet
- ___2. Assesses priorities
- ___3. Able to synthesize information and facts after rapid and safe perusal of Kardex and chart in order to make nursing judgment basic to efficient patient care.

___B. Communicates with personnel for continuity of patient care

- ___1. Assumes responsibility that her patient's Kardex is kept up-to-date and accurate
- ___2. Is aware of information on Kardex at all times
- ___3. Charting is kept up-to-date
- ___4. Nurse notes descriptions regarding patient's status, response to all therapeutic measures, specific complaints
- ___5. T.P.R. graphic, B.P. sheets and other chart sheets filled in as indicated -- i.e. daily diets, I & O, BM's, etc.
- ___6. Accompanies the doctor whenever he is with her patient
- ___7. Is able to communicate with the doctor pertinent information about her patient
- ___8. Reports significant changes in patient for team leader during day
- ___9. End of shift report succinct and pertinent

___C. Assumes responsibility for safety of patient

- ___1. Is aware of doctor's orders before assuming care
- ___2. Call bell is always within reach of patient
- ___3. Side rails up when unattended

Section III (continued)

C.

COMMENTS

___4. Appropriate measures are taken when getting patient out of bed into chairs regarding support for legs, use of braces, lift, proper chair, etc.

___5. Observes, corrects and reports where there are violations of scientific principles in patient health and safety -- i.e. improper room temperature, catheter to straight line drainage, etc.

___6. Follows drug administration procedures completely

___a. For individual patient

___b. For block medication

___D. Application of scientific principles

___1. Applies past learning to present situation

___2. Medications

___a. Demonstrates knowledge concerning all medications her patient is receiving, the effect on the patient, and reports if she believes the medication is contra-indicated

___b. Awareness of what medicines are in I.V.'s, why given and rate of administration

___c. Checks fractional dosages, insulins and other hazardous drugs with team leader or instructor before giving

___d. Demonstrates awareness of legal implications of functioning within limits of physician's orders

___(1) Refuses to give unordered medications and treatments, expired antibiotics and narcotics

Section III (continued)

COMMENTS

D.

2.

d.

___(2) Shows discretion in giving medications and/or treatment when patient's condition warrants discriminatory judgment

___3. Treatments

___a. Becomes familiar with any apparatus used in care of patient - can state reason for treatment effect desired, and special care measures - eg. O_2, traction, N/G Suction, etc.

___b. Assumes care of patient after initial orientation to equipment

___c. Demonstrates initiative in approaching new treatments

___4. Uses problem-solving approach in each treatment and medication initiated

___5. Knows what diet the patient is receiving and why. Teaches patient diet when indicated

___6. Is able to maintain composure during emergency situations so that she is a contributing member of team

___7. Correlates vital signs with other significant observations

___E. Application of rehabilitation principles

___1. Encourages self-help activity based on patient's ability, psychological and physical readiness, and approaches prescribed by physician

___2. Able to utilize resources available to patient

___3. Makes suggestions for referral to Physical Therapy, Inhalational Therapy, and Social Service, where indicated

Section III (continued)

COMMENTS

___F. Teaching ability

- ___1. Is able to teach patient when needs regarding diet, drug, knowledge of disease, etc. are apparent
- ___2. Recognizes and utilizes principles of learning to help patient attain teaching goals. Modifies teaching plan appropriately
- ___3. Able to teach group members principles of care of patient in ward conferences
- ___4. Prepares and participates in ward conferences and is able to utilize various means of presenting material interestingly, yet does not monopolize more than her share in discussions

___G. Interpersonal techniques

- ___1. Communicates effectively with patient
  - ___a. Stays with patient
  - ___b. Listens to patient
  - ___c. Focuses conversation on patient
- ___2. Tolerates and uses therapeutic techniques, recognizes when using non-therapeutic techniques (see in I.P.R.)
- ___3. Avoids making value judgment
- ___4. Helps other workers understand emotional reactions of patient
- ___5. Identifies unique role of nurse in therapeutic environment; identifies specific emotional needs on Kardex
- ___6. Provides support to family members during crises
- ___7. Assists others willingly

Section III Score Average

A ___________
B ___________
C ___________
D ___________
E ___________
F ___________
G ___________

TOTAL _______ divided by 7 equals ________ Average for Section III

Section IV: Unit Observation Experience with Ward Clerk, Head Nurse or Supervisor - Appreciates basic principles of unit management by observation and participation in unit coordinators (i.e. Head Nurse) work

COMMENTS

___A. Functions as a member of the Health Team in the recognition, interpretation, and delegation of physician's orders. Initiates appropriate action for acquisition of new orders - Kardex physicians orders, requisition, and deliver items, lab requests, etc.

___B. Completes summary work sheet of unit operation experience

___C. Checks supplies daily on code 4 cart and resupplies as indicated

___D. Demonstrates initiative, sound judgments in performing tasks

___E. Demonstrates leadership potential
    ___1. Can relate actively to people in authority role
    ___2. Demonstrates flexibility in dealing with health care personnel as well as patients
    ___3. Relates respectfully and responsibly to subordinate person

____ TOTAL SCORE

____ AVERAGE SCORE SECTION IV

Section V: Personal Centered Characteristics

___A. Assesses self-limitation and assets as nursing student
    ___1. Is self directed in making improvements, i.e. independent study
    ___2. Recognizes own anxiety level
    ___3. Identifies weak areas of knowledge and reviews on own initiative

___B. Is self directive in maintaining personal appearance appropriate to professional person

Section V (continued)

COMMENTS

___C. Demonstrates integrity in fulfilling her professional responsibilities, i.e. punctual and dependable in reporting off and on duty

___D. Functions at the optimum of her ability

___E. Coping with anxieties and stressful situations in a safe and non-detrimental manner to self or others

  ___1. Able to apply problem solving technique
  ___2. Is capable of thinking through to logical decisions based on adequate data in spite of own anxiety in the clinical situation
  ___3. Adjusts to new situations
  ___4. Demonstrates self-confidence in interaction with others and in nursing care

___F. Demonstrates honesty

  ___1. Recognizes and reports errors immediately in patient care
  ___2. Recognizes knowledge gap and seeks help
  ___3. Recognizes lack of skillfulness and seeks help and/or additional practice

___G. Accepts responsibility

  ___1. Refrains from unsafe practices and seeks assistance of instructor to help resolve problem of being asked to perform in an unsafe manner
  ___2. When a poor practice is observed in classroom or lab area, actively intervenes to assure corrective methods in a discriminatory manner
  ___3. Assumes responsibility for own actions
  ___4. Accepts and profits from criticism and suggestions
  ___5. Utilizes time purposefully

Section V. (continued)

G.

___6. Displays initiative and enthusiasm
___7. Follows through on recommendations

___H. Is open-minded

___1. Actively seeks to perceive and understand situation from another person's point of view
___2. Recognizes more than one possible reason for behavior, then investigates as to the cause of the behavior before initiating action
___3. Demonstrates a respect for an individual's right to a value system different from one's own
___4. Recognizes and respects cultural and/or religious differences

COMMENTS

____TOTAL SCORE

____AVERAGE SCORE SECTION V

AVERAGE OF SECTIONS:

Total Average Score: ______________________ Grade: ______________

Attendance:
Days Absent: ________
Days Present: ________
Days Late: ________

Date Discussed: ______________________

Instructor's Signature: ______________________________

Student's Signature: ______________________________

STUDENT'S COMMENTS:

APPENDIX I

CRITERIA FOR EVALUATION - AFFECTIVE DOMAIN*

These criteria may be used to determine personal growth and academic progress. The faculty should decide on the method of grading.

FRESHMAN

1. Demonstrates honesty

   Reports errors immediately and accurately.

   Recognizes knowledge gap and seeks help.

   Recognizes lack of skillfulness and seeks help and/or additional practice.

   Says things like: "I don't know" or "I did it wrongly", if appropriate.

2. Accepts responsibility

   Refrains from unsafe practices and seeks assistance of instructor to help resolve problem of being asked to perform in an unsafe manner.

   Actively intervenes to assure corrective methods when a poor practice is observed in classroom or laboratory area.

3. Demonstrates ability to make sound judgments and decisions

   Actively applies knowledge as a basis for making decisions for nursing care.

   Thinks through to logical decisions based on adequate data in spite of own anxiety in the clinical situation.

4. Effectively utilizes personal relationships

   Presents self as warm, mature, helping adult.

   Relates to person who is ill as an individual.

   Recognizes own positive and negative feelings.

   States name of head nurse, team leader and team members.

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* Used by permission of Nursing Department, Manatee Junior College, Bradenton, Florida.

5. Demonstrates leadership potential

   Organizes peers to accomplish a specific goal.

   Relates actively to people in authority.

   Organizes subordinate persons so as to achieve positive action.

6. Is open-minded

   Actively seeks to perceive and understand a situation from another person's point of view.

   Names at least three possible causes or reasons for a behavior. Then investigates as to the cause of the behavior, before initiating actions.

   Demonstrates a respect for an individual's right to a value system different from one's own.

   Recognizes and respects cultural and/or religious differences.

SOPHOMORE

1. Meets all criteria for a Freshman nursing student

2. Demonstrates honesty

   Recognizes errors and initiates corrective action.

   Expands knowledge base and seeks innovative ways to deliver health care more effectively.

3. Accepts responsibility

   Refrains from unsafe practice and has some skill in confronting person requesting an unsafe practice to resolve the situation.

   Confronts the individual involved to seek corrective action when an unsafe practice is observed.

   Demonstrates sufficient courage of conviction to work actively for improvements in the delivery of health care.

4. Demonstrates ability to make sound judgments and decisions

   Makes decisions with flexibility to change within the area of sound practice.

   Identifies how an individual is working to meet his needs before initiating nurse's own action.

5. Effectively utilizes personal relationships

   Individualizes personal approach for each patient.

   Coordinates the individual strengths of a health care team to achieve improved care for a group of patients.

6. Demonstrates leadership potential

   Relates actively to people in authority roles.

   Demonstrates flexibility in dealing with health care personnel as well as patients.

   Relates respectfully and responsibly to subordinate persons (meaning: demonstrates respect for aides and LPNs and the job they do, while maintaining responsibility to them for leadership in patient care).

APPENDIX J

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APPENDIX K

EQUIPMENT LIST: 124 Nursing Practice Laboratory

Code No. Name of List

$ 42,102.00

Cost

30 Students

Supporting Base

THIS EQUIPMENT LIST SHOULD BE REVIEWED WITHIN TWO YEARS AFTER ITS EFFECTIVE DATE.

NEW LIST ☐

REVISED LIST ☒ Please destroy cover and pages _____ dated October, 1973

Replace with cover and pages attached.

DEPARTMENT OF COMMUNITY COLLEGES

PROGRAM DEVELOPMENT

Date: June, 1975

COMMITTEE

Mre. Jessie P. Kiser		Central Piedmont Community College Charlotte
Mrs. Mercedes O'Hale	1	Fayetteville Technical Institute Fayetteville
Mrs. Georgia Jones		Durham Technical Institute Durham
Mrs. Betty C. McCrary		Rowan Technical Institute Salisbury
Miss Ida Collie		Wake Technical Institute Raleigh
Mrs. Vercie M. Eller		Department of Community Colleges Raleigh

124 Nursing Practice Laboratory Page 1
Code No. Name of List

ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*1.	1	Human Skeleton, Plastic Heavy Duty Fittings and Wiring, A. J. Nystrom Co. or equivalent.	300.00	300.00
*2.	1	Steel Cabinet, Telescoping Hanger Attachment, A. J. Nystrom Co. or equivalent (For storing skeleton).	50.00	50.00
*3.	1	Human Torso and Head, "Life-like Model", 28 Separate Parts, 604 Coded Structures, 36" High, A. J. Nystrom Co. or equivalent.	550.00	550.00
*4.	1 set	Anatomical Chart, Froshe Series, Ten Charts, Size 42" X 64", Edited, Revised and Augmented by Max Brodel. Texoprint with Mylar Overlays Anatomical Chart Numbers: FA1, FA2, FA3, FA4, FA5, FA6, FA7, FA8, FA9, and FA10.	250.00	250.00
*5.	1	Empty Utility Case with Mountings, Solid Oak, to Hold Maps for Set of Ten Anatomical Charts, Froshe Series, 42" Wide, A. J. Nystrom Co. or equivalent.	50.00	50.00
*6.	1	Cartomobile with Chart Display Unit, C. V. Mosby Co. or equivalent.	80.00	80.00
*7.	1	Urinary Apparatus, Unbreakable Plastic, Model No. Y45R, Denoyer Geppert Co. or equivalent.	60.00	60.00

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Code No. Name of List

ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*8.	1	Heart Model, Vinyl Plastic 7" X 7" X 17", Denoyer Geppert or equivalent.	55.00	55.00
*9.	1	Spinal Cord and Nerves, Plastic Model, A. J. Nystrom Co. or equivalent.	30.00	30.00
*10.	1	Demonstration Doll, Female Adult, Complete with Sponge Rubber Buttocks, Chase Model, Denoyer-Geppert or equivalent.	350.00	350.00
*11.	1	Obstetrical Manikin, Strander Typical Gynecoid Pelvis Mounted on Adjustable Metal Stand and Rubber Fetal, Head with Shoulders, Including Improved Fetal Doll, Clay-Adams or equivalent.	150.00	150.00
*12.	1	Human Development Models, Denoyer-Geppert or equivalent.	200.00	200.00
*13.	1	Venipuncture Training Arm, Clay-Adams or equivalent.	50.00	50.00
*14.	1	Transparencies, Instructional Aids, C. V. Mosby Co. or equivalent.	5000.00	5000.00
*15.	1	Newborn Baby Doll, Chase Model, Denoyer-Geppert or equivalent.	50.00	50.00
*16.	1	Bassinet, Plastic with Card Holder, Hard Co. or equivalent.	50.00	50.00

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Code No.		Name of List		

ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*17.	5	Beds, Metal, Specify Height Receptable for I.V. and Side Rails, Trendelenburg Spring, 3" Ball Bearing Casters, Hill-Romm	150.00	750.00
		(one bed may be electric, fully automatic unit, Royal Co. or equivalent.)	500.00	500.00
*18.	5	Mattress, Standard to fit bed, Red Tag, Interspring, Hill-Romm or equivalent.	50.00	250.00
*19.	5	Pillows, Foam Rubber, Bleached Muslin Cover, Size 17-1/2" X 24-1/2" X 5-1/2", Profex or equivalent.	12.00	60.00
*20.	5	Bedside Cabinets 31-1/4" X 20" Composition Top, Hill-Romm or equivalent.	75.00	375.00
*21.	5	Kit, Bedside, Carafe with Utility Tray and 8 oz. Tumbler, Plastic Surgical Supply or equivalent.	5.00	25.00
*22.	5	Overbed Tables, Plastic Top 14" X 31", Hill-Romm or equivalent.	75.00	375.00
*23.	5	Footstools, Welded, All Steel x Frame, Chrome Finish, Non-Skid with Rubber Tips, Brower or equivalent.	25.00	125.00
*24.	5	Chairs, Straight, Tubular Steel, Round Seat and Back, Simmons or equivalent.	10.00	50.00
*25.	1	Utility Cart with Electrical Outlet, Stainless Steel, Surgical Supply or equivalent.	75.00	75.00

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Code No. Name of List

ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*26.	1	Scrub Sink, Local, Full Size as for Operating Room with Foot Pedal Control.	150.00	150.00
*27.	1	Soap Dispenser, Portable, Foot Pedal, Fully Chrome Plated with All Stainless Steel Unit, Sely Co. or equivalent.	75.00	75.00
*28.	5	Wash Basins, Stainless Steel 3-7/8 qt., Cenco or equivalent.	10.00	50.00
*29.	5	Emessis Basins, Stainless Steel 10", Vollrath Co. or equivalent.	5.00	25.00
*30.	5	Bedpans, Adult, Stainless Steel (1 special purpose) Vollrath Co. or equivalent.	20.00	100.00
*31.	2	Urinals (1 male, 1 female) Vollrath Co. or equivalent.	10.00	20.00
*32.	2	Sponge Bowls, Stainless Steel, 5" X 2-1/4", Vollrath Co. or equivalent.	5.00	10.00
*33.	5	Iodine Cups, Stainless Steel 6 oz., Vollrath Co. or equivalent.	3.00	15.00
*34.	1	Bucket with Stand, Hospital, Stainless Steel, 11 qt., Vollrath Co. or equivalent.	20.00	20.00
*35.	5 (5 in a set)	Dressing Jars, Stainless Steel, Assorted Sizes, Vollrath Co. or equivalent.	10.00	50.00
*36.	2	Pitchers, 3-1/8" qt., 6-1/4" X 8-3/4", Stainless Steel, Vollrath Co. or equivalent.	10.00	20.00

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Code No. Name of List

ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*37.	1	Percussion Hammer, Adult, Chrome Plated Handle, Red Rubber Head, Clay-Adams or equivalent.	10.00	10.00
*38.	1	Linen Hamper, Folding, 200 lb. Capacity, Chrome, 3" Ball Bearing Casters with Two Laundry Bags, Brewer or equivalent.	50.00	50.00
*39.	1	Ambue Bag, Surgical Co. or equivalent.	25.00	25.00
*40.	1	Baumanometer, Standby with Adult Bandage Cuff, Baum or equivalent.	75.00	75.00
*41.	3	Sphygmomanometer, Aneriod Portable, 300 mm, with Self-Adhering Cuff, Industrial and Scientific Instrument Co. or equivalent.	75.00	225.00
*42.	2	Sphygomanometer, Mercurial, 300 mm, Complete with Hook or Velcro Cuff, Rubber Bladder Valve and Bulb, Industrial and Scientific Instrument Co. or equivalent.	75.00	150.00
*43.	6	Stethoscope, Bowles Model Single Outlet, Earpiece and Chest Piece, 1-3/8", Dittmar-Penn or equivalent.	10.00	60.00
*44.	3	Stethoscope, Bowles Model Single Outlet, Chest Piece, 1-3/8", Double Outlet, Ear Piece, Dittmar-Penn or equivalent.	10.00	30.00
*45.	5	Forceps, Utility 4" Cross Serrated Jaws, Stainless Steel, Lawton or equivalent.	10.00	50.00

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*46.	2	Sponge Forceps, Utility 10" Cross Serrated Jaws, Stainless Steel, Lawton or equivalent.	10.00	20.00
*47.	1	Forcep, Hemostatic, Kelly, 5-1/2" Straight Stainless Steel, Lawton or equivalent.	10.00	10.00
*48.	1	Forcep, Hemostatic, Kelly, 5-1/2", Curved, Stainless Steel, Lawton or equivalent.	10.00	10.00
*49	1	Forcep, Thumb, Serrated Tip, Stainless Steel, 4-1/2", Lawton or equivalent.	10.00	10.00
*50.	1	Forcep, Thumb, 1 X 2 Teeth, Stainless Steel, 4-1/2", Lawton or equivalent.	10.00	10.00
*51.	5	Forcep Jars, Stainless Steel, 7-3/8" X 2-1/8", Vollrath Co. or equivalent.	10.00	50.00
*52.	2	Funnels, Stainless Steel, 6-3/8 oz., 4-1/2" X 4-3/4" with Handle, Vollrath Co. or equivalent.	5.00	10.00
*53.	2	Graduated Measuring Cups, Measured in ML and Ounces on Inside of Cup, 1/2 qt., 500 ML, Stainless Steel, Vollrath Co. or equivalent.	5.00	10.00
*54.	2	Graduated Measuring Cups, Measured in ML and Ounces on Inside of Cup, 1 qt., 1000 ML, Stainless Steel, Vollrath Co. or equivalent.	10.00	20.00
*55.	2	Instrument Trays, 13-1/2" X 9-3/4" X 5/8", Stainless Steel, Vollrath Co. or equivalent.	5.00	10.00

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*56.	3	Instrument Trays, 8-1/2" X 3" X 1-1/2", Stainless Steel with Cover and Strap Handle, Vollrath Co. or equivalent.	10.00	30.00
*57.	2	Service Trays, 10-1/8" X 6-5/8" X 3/8", Stainless Steel, Vollrath Co. or equivalent.	5.00	10.00
*58.	2	Trays, 19-1/6" X 12-9/16" X 11/16", Mayo Stainless T Steel, Vollrath Co. or equivalent.	10.00	20.00
*59.	2	Irrigating Cans, 2 qt. Capacity, 7-1/2" X 5" Stainless Steel with Handle, Vollrath Co. or equivalent.	10.00	20.00
*60.	1	Irrigating Stand, 2 Sections, Double Hooks (not necessary if beds are equipped with standard I.V. attachment), Lumex or equivalent.	25.00	25.00
*61.	1 pr.	Bandage Scissors (large), Surgical Supply or equivalent.	10.00	10.00
*62.	1 pr.	Surgical Scissors, Curved, Chrome, 4-1/2" Sharp/ Blunt Edge, Lawton or equivalent.	10.00	10.00
*63.	1 pr.	Surgical Scissors, Straight, Chrome, 4-1/2" Sharp/Blunt Edge, Lawton or equivalent.	10.00	10.00
*64.	1	Floor Lamp, Height Adjustable, Flexible Arm, Adjustable Fixture Co. or equivalent.	25.00	25.00

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*65.	1	Waste Can, Step-on Chrome with Porcelain Insert, 14 qt., Kadan or equivalent.	15.00	15.00
*66.	5	Medication Trays for Medications and Syringes, Stainless Steel, John Bunn Corp. or equivalent.	10.00	50.00
*67.	1	Bath thermometer, 20 to 150 Degrees F, Taylor or equivalent.	5.00	5.00
*68.	3	Vaginal Speculum, Large, Medium and Small, Stainless Steel, Lawton or equivalent.	10.00	30.00
*69.	2	Hot Water Bottle and Ice Cap Combination, Stopperless, Davol or equivalent.	5.00	10.00
*70.	2	Ice Cap, Round, 6" English Style, Check Cloth, Davol or equivalent.	5.00	10.00
*71.	1	Refrigerator (small), Frost Free.	200.00	200.00
*72.	2	Utility Tables, Formica Top 30" X 60".	50.00	100.00
*73.	1	Drug and Supply Cabinet, United Metal Fabricators or equivalent.	1050.00	1050.00
74.	1	Hot Plate, Electric, 2 Burner, Thermostat Control, Universal or equivalent.	25.00	25.00
*75.	3	Stop Watches.	20.00	60.00
76.	1	Dressing Cart, 18" x 35" Stainless Steel Shelves, Welded Aluminum Alloy.	250.00	250.00

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
77.	2	Folding Screen, Vinyl Panels, 3 Sections, Beam or equivalent.	50.00	100.00
*78.	1	Scale, Adult with Measuring Rod, Continental of equivalent.	75.00	75.00
79.	1	Stretcher, Hospital with Foam Rubber Pad, Gendon or equivalent.	250.00	250.00
80.	1	Wheel Chair, 8" Casters, Elevating Leg Rest Panels, Brakes, Adjustable Foot Rest or Collapsible Wheel Chair, Everest and Jennings or equivalent.	250.00	250.00
81.	1	Full length three-way mirror.	150.00	150.00
82.	1	Kick Step Stool (metal).	20.00	20.00
83.	2	Wall Clock, Sweep Second Hand.	20.00	40.00
84.	1	First-Aid Tray (emergency with airways, etc.).	15.00	15.00
85.	1	Resusci-Ann Breathing Mannequin with Guage and Heart Attachment, Stanley Hospital Supplies, New York City 10016 or equivalent.	250.00	250.00
86.	1	Resuscitator, Heidelbrink or equivalent.	250.00	250.00
87.	1	Teacher's Control Unit.	10,000.00	10,000.00
			TOTAL	24,595.00

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
		AUDIO-TUTORIAL LABORATORY		
*88.	2	AV Study Carrel Standard Two-Position Unit. Carrel to be Equipped with Florescent Light and Mounted Screen. Drop Leaf Should be 9-1/2" Long and 12" Wide as Opposed to Their Standard 7" Wide and 7-1/2" Long, or equivalent.	300.00	600.00
*89.	4	Padded Straight Chairs.	20.00	80.00
*90.	6	Ektagraphic AV 300Z Slide Projector.	200.00	1,200.00
*91.	4	500 Filmstrip Projector.	75.00	300.00
*92.	6	Tape Recorders.	275.00	1,650.00
*93.	4	Remote Control Cords.	5.00	20.00
*94.	6	Technicolor Film Loop Projector, Super 8.	200.00	1,200.00
*95.	4	DuKane Viewer or equivalent.	200.00	800.00
*96.	1	Bell and Howell 16mm Sound Projector with Audio Phones and Screen or Graflex or equivalent.	400.00	400.00
*97.	4	3M Sound Own Slide with Slide Trays.	1,000.00	4,000.00
*98.	12	Chairs with Arms.	20.00	240.00
*99.	1	Audio-Tutorial Librarian Desk for Check Out.	200.00	200.00
*100.	1	Storage Cabinet(s) for: Slides Audio-Tape Film Loops Records Film Strips	600.00	600.00

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*101.	1	Metal Storage Cabinet.	75.00	75.00
*102.	1	Filing Cabinet with Lock.	300.00	300.00
*103.	1	Typewriter.	500.00	500.00
			TOTAL	36,760.00
		ADDENDUM:		
*104.	2	Electronic Thermometers IVAC 810.	379.50	759.00
*105.	2	Probe Covers for Electronic Thermometers - IVAC Corporation or equivalent.	45.00	90.00
*106.	1	Denoyer-Geppert Talking Ear Kit - Contains 1 Ear Model with Unbreakable Removable Ear Drum, Removable Semi-Circular Canals with Colored Fluid Simulating Endolymph, and Removable Cochlea. 24 Labeled Parts.	61.75	61.75
*107.	1	Denoyer-Geppert Talking Eye Kit - Contains 1 Eye Model, Dissectible into Two Halves, Lucite Lens, Vitreous Body, Iris, Lens Magnifies, Shows Inverted Image.	77.75	77.75
*108.	1	Thermotic Drainage Pump.	185.75	185.75
*109.	1	Aspirating Pump (portable).	148.00	148.00
*110.	1	Diagnostic Instrument Set (Opthamoscope-Otoscope).	99.00	99.00
*111.	1	DeVilbiss Vaporizer.	21.00	21.00
*112.	1	Croup Tent.	134.50	134.50

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ITEM NO.	QUANTITY	DESCRIPTION	COST OF ITEM	TOTAL
*113.	1	Canopy for Croup Tent.	16.50	16.50
*114.	1	Bedfast Rinser.	14.95	14.95
115.	1	Female Catherization Simulator.	410.00	410.00
116.	1	Stryker Wedge Turning Frame.	675.00	675.00
117.	1	Human Ovary (Fisher Scientific Co. or equivalent)	295.00	295.00
118.	1	Human Pregnancy Model (Fisher Scientific Co. or equivalent)	1,720.00	1,720.00
119.	1	Baby crib - one drop side 53 x 30 x 41½ with mattress and bumper	75.00	75.00
120.	1	Intra-muscular injection simulator (upper legs and lower torso)	250.00	250.00
121.	1	Tool cabinet (7 drawers, 26½" x 18", 4 one-half drawers, 3 full drawers, including tumbler lock and keys.	125.00	125.00
122.	1	Tool box with partitioned lift-out tote tray, lock and keys.	24.00	24.00
123.	1 pr.	Aluminum adjustable crutches	25.00	25.00
124.	1	Aluminum walker for invalids	50.00	50.00
125.	1	Wooden cane	15.00	15.00
126.	1	Aluminum cane	15.00	15.00
127.	1	Pelvimeter, Williams or Thomas or equivalent	27.00	27.00
128.	1	Pelvimeter, Collyer or Martin or equivalent.	27.00	27.00

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